

Case Number:	CM15-0130501		
Date Assigned:	07/16/2015	Date of Injury:	07/02/2014
Decision Date:	08/12/2015	UR Denial Date:	06/24/2015
Priority:	Standard	Application Received:	07/07/2015

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
 State(s) of Licensure: Connecticut, California, Virginia
 Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The injured worker is a 40 year old female, who sustained an industrial injury on 7/2/14. The injured worker has complaints of pain in her mid and lower back with occasional radiation to both legs. The documentation noted that there is slight tenderness with no spasm in the L4-S1 (sacroiliac) paraspinous bilaterally and mild pain in the same area with bending to 45 degrees or leaning back to 10 degrees and there is slight pain with twisting to 30 degrees to either side. The diagnoses have included lumbar strain; bilateral radicular pain and degenerative lumbar disc disease. Treatment to date has included acupuncture treatments; physical therapy; transcutaneous electrical nerve stimulation unit and hydrocodone. The request was for lidocaine 5 percent patch #30 with 2 refills and flexeril 10mg, #30 with two refills.

IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

Lidocaine 5% patch #30 with 2 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-112.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines lidocaine patches Page(s): 56-57.

Decision rationale: The MTUS chronic pain guidelines recommend consideration of topical lidocaine for localized peripheral pain after trials of first line therapies to include tricyclics/SNRIs or AEDs such as gabapentin, etc. Topical lidocaine is not considered appropriate as a first-line treatment, and in this case the chronic nature of the case makes treatment without evidence of functional improvement concerning. The patient has not failed oral medications, as reported and noted by utilization review, however, given the patient's preference to avoid oral medications, a trial of lidocaine patches is reasonable. Close follow up for objective evidence of functional improvement in order to continue treatment is critical, and therefore the initial request with refills is not medically necessary in order to facilitate follow up.

Flexeril 10mg, #30 with 2 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain) Page(s): 64.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Flexeril Page(s): 41-42.

Decision rationale: The MTUS addresses use of Flexeril, recommending it as an option, using a short course of therapy. Flexeril is more effective than placebo in the management of back pain; the effect is modest and comes at the price of greater adverse effects. The effect is greatest in the first 4 days of treatment, suggesting that shorter courses may be better. Per the MTUS, treatment should be brief. In this case, the chronic nature of treatment warrants close monitoring and follow up in order to assess functional improvement on the treatment. Therefore the decision to partially certify the request by utilization review is reasonable in order to facilitate follow up, and the initial request with refills is not medically necessary.