

Case Number:	CM15-0131935		
Date Assigned:	07/20/2015	Date of Injury:	09/02/1999
Decision Date:	09/25/2015	UR Denial Date:	06/16/2015
Priority:	Standard	Application Received:	07/08/2015

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: New York

Certification(s)/Specialty: Anesthesiology

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 44 year old female who sustained an industrial injury on 09/02/1999. Current diagnosis includes chronic low back pain. Previous treatments included medications, trigger point injections, and home exercise. Report dated 06/04/2015 noted that the injured worker presented with complaints that included continued elevated low back pain. The injured worker is currently working. Current medications include Lidoderm, Flexeril, Duexis, Lisinopril, Zyrtec, IBS med, and Voltaren gel. Pain level was not included. Physical examination was positive for tight muscles and trigger points in the bilateral lumbosacral paraspinal muscles. The treatment plan included prescriptions for Lidoderm patches for topical pain control, Flexeril for painful muscle spasms, Duexis, Voltaren gel for topical control of pain and inflammation, trigger point injections were administered, continue home exercise program, and follow up in one month. The injured worker continues to be seen monthly since at least 12/18/2014 with monthly trigger point injections. Disputed treatments include Lidoderm patches, Qty 30, Flexeril 10 mg Qty 30, Duexis Qty 90, and Voltaren gel.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lidoderm patches, Qty 30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Lidocaine (lidoderm patches) Page(s): 112.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Lidoderm (lidocaine patches), and Topical Analgesics Page(s): 56-57 and 111-112.

Decision rationale: According to the California MTUS Guidelines (2009), topical analgesics, such as the Lidoderm 5% patch, are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. These agents are applied topically to painful areas with advantages that include lack of systemic side effects, absence of drug interactions, and no need to titrate. Many agents are compounded as monotherapy or in combination for pain control, for example, NSAIDs, opioids, or antidepressants. Lidoderm is the brand name for a lidocaine patch. Topical lidocaine may be recommended for localized peripheral pain after there has been evidence of a trial of first-line therapy (tri-cyclic or SNRI anti-depressants, or an AED, such as gabapentin or Lyrica). Lidoderm patches are not a first-line treatment and are only FDA approved for post-herpetic neuralgia. Further research is needed to recommend this treatment for chronic neuropathic pain disorders other than post-herpetic neuralgia. In this case, the documentation provided did not support a diagnosis of neuropathic pain. Medical necessity of the requested medication has not been established. The requested topical analgesic is not medically necessary.

Flexeril 10 mg Qty 30: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants for pain, and Antispasmodics-Cyclobenzaprine (Flexeril) Page(s): 63, 64.

Decision rationale: According to the reviewed literature, Flexeril (Cyclobenzaprine) is a skeletal muscle relaxant and a central nervous system (CNS) depressant. It is closely related to the tricyclic antidepressants. It is not recommended for the long-term treatment of chronic pain. The medication has its greatest effect in the first four days of treatment. Muscle relaxants may be effective in reducing pain and muscle tension, and increasing mobility. According to CA MTUS Guidelines, muscle relaxants are not considered any more effective than non-steroidal anti-inflammatory drugs (NSAIDs) alone, or in combination with NSAIDs. Guideline criteria have not been met. Documentation provided supports that the injured worker has been prescribed Cyclobenzaprine (Flexeril) since at least 12/18/2014. In addition, physical examination did not reveal muscle spasms on exam. Based on the currently available information, the medical necessity for this muscle relaxant has not been established. The requested medication is not medically necessary.

Duexis Qty 90: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines: Pain - Duexis (Ibuprofen & famotidine).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI Symptoms & Cardiovascular Risk Page(s): 68-69. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Chronic pain, Duexis.

Decision rationale: Duexis is a combination of Ibuprofen and Famotidine (Pepcid). Ibuprofen is a non-steroidal anti-inflammatory drug (NSAID) and Famotidine is an H2 antagonist for gastrointestinal (GI) protection. Oral Non-steroidal anti-inflammatory drugs (NSAIDs) are recommended for the treatment of chronic pain and control of inflammation as a second-line therapy after acetaminophen. The ODG states that NSAIDs are recommended for acute pain, acute low back pain (LBP), short-term pain relief in chronic LBP, and short-term improvement of function in chronic LBP. There is no evidence of long-term effectiveness for pain or function. There is no documentation indicating a history of GI distress symptoms or specific GI risk factors. In addition, the specific dosage of medication were not provided. Medical necessity for the requested medication has not been established. Therefore, the request for Duexis is not medically necessary.

Voltaren gel 4 g, Qty 3: 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 Topical Analgesics-Non-steroidal anti-inflammatory agents (NSAID's) Page(s): 111-113.

Decision rationale: The California MTUS Guidelines state Voltaren gel 1% (Diclofenac) has an FDA appropriation indicated for the relief of osteoarthritis pain in joints that lend themselves to topical treatment, such as the ankle, elbow, foot, hand, knee, and wrist. It has not been evaluated for treatment of the spine, hip, or shoulder. The submitted documentation does not indicate that the injured worker had a diagnosis of osteoarthritis. The documentation submitted for review supports that the injured worker applies the topical gel to the spine/low back area, which is not supported by the guidelines. Additionally, the efficacy of the medication was not submitted for review, nor was it indicated that it helped with any functional deficits. Medical necessity for the requested topical gel has been not established. The requested Voltaren Gel is not medically necessary.