MAXIMUS Federal Services

Case Number:	CM15-0135538		
Date Assigned:	07/27/2015	Date of Injury:	02/28/2013
Decision Date:	08/28/2015	UR Denial Date:	06/19/2015
Priority:	Standard	Application Received:	07/13/2015

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: Texas, New York, California
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 applicant is a represented 65-year-old who has filed a claim for chronic low back and knee pain reportedly associated with an industrial injury of February 28, 2013. In a Utilization Review report dated June 19, 2015, the claims administrator failed to approve requests for Flexeril and topical LidoPro. The claims administrator referenced an RFA form received on June 12, 2015 in its determination, along with an associated progress note of the same date. The applicant attorney subsequently appealed. On May 18, 2015, the applicant was given refills of Voltaren, topical LidoPro, Neurontin, Flexeril, and Prilosec. Preprinted checkboxes were employed. The applicant was given diagnoses of knee pain, low back pain, and myofascial pain syndrome. Work restrictions were endorsed. Note was quite difficult to follow. The treating provider suggested that the applicant's employer was unable to accommodate suggested limitations. The applicant had received a recent sacroiliac joint injection, it was reported.

IMR ISSUES, DECISIONS AND RATIONALES

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

Flexeril 7.5mg: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants (for pain).

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

Decision rationale: No, the request for Flexeril (cyclobenzaprine) was not medically necessary, medically appropriate, or indicated here. As noted on page 41 of the MTUS Chronic Pain Medical Treatment Guidelines, the addition of cyclobenzaprine or Flexeril to other agents is not recommended. Here, however, the applicant was, in fact, using a variety of other agents, including oral Voltaren, Neurontin, the LidoPro compound also at issue, etc. The attending provider suggested in its handwritten progress note of May 18, 2015 that he intended for the applicant to employ Flexeril at rate of three tablets a day. Such usage, however, represents treatment in excess of the "brief" treatment for which cyclobenzaprine is recommended, per page 41 of the MTUS Chronic Pain Medical Treatment Guidelines. Therefore, the request is not medically necessary.

Lidopro x2: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 112-113.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Capsaicin, topical Page(s): 28. Decision based on Non-MTUS Citation LIDOPRO (capsaicin, lidocaine, menthol, and ... - DailyMeddailymed.nlm.nih.gov/dailymed/archives/fdaDrugInfo.cfm?archiveid... Dec 1, 2012 - LIDOPRO- capsaicin, lidocaine, menthol and methyl salicylate ointment.

Decision rationale: The request for topical LidoPro was likewise not medically necessary, medically appropriate, or indicated here. LidoPro, per the National Library of Medicine, is an amalgam of capsaicin, lidocaine, menthol, methyl salicylate. However, page 28 of the MTUS Chronic Pain Medical Treatment Guidelines notes that topical capsaicin, the secondary ingredient in the compound, is not recommended except as a last line agent, for applicants who have not responded to or are intolerant of other treatments. Here, however, the applicant's usage of multiple first line oral pharmaceuticals to include Neurontin, Voltaren, etc., effectively obviated the need for the capsaicin-containing LidoPro compound in question. Therefore, the request is not medically necessary.