Case Number:	CM15-0136550		
Date Assigned:	07/24/2015	Date of Injury:	04/11/2013
Decision Date:	09/09/2015	UR Denial Date:	07/08/2015
Priority:	Standard	Application Received:	07/14/2015

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: Massachusetts
Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 52 year old male with an industrial injury dated 04-11-2013. His diagnoses included occipital neuralgia, headaches and brain contusion verses concussion. Prior treatment included physical therapy, medications and diagnostics. He presents on 06-29-2015 with complaints of neck pain and headache. There was positive facet loading. Pain was rated as 5-6 out of 10. Treatment plan included medications. The treatment request is for Lidoderm patch QD # 30 and Flexeril 10 mg BID # 60.

IMR ISSUES, DECISIONS AND RATIONALES

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

Flexeril 10mg BID #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines (1) Cyclobenzaprine (Flexeril), p41 (2) Muscle relaxants, p63 Page(s): 41, 63.

Decision rationale: The claimant sustained a work injury in April 2013 and is being treated for ongoing neck pain and headaches. Muscle relaxants have included baclofen, Soma, and Flexeril. When seen, pain was rated at 5-6/10. Facet loading was positive. Lidoderm and Flexeril were prescribed. The Flexeril dose was increased. Left-sided medial branch blocks were planned. Flexeril (cyclobenzaprine) is closely related to the tricyclic antidepressants. It is recommended as an option, using a short course of therapy and there are other preferred options when it is being prescribed for chronic pain. Although it is a second-line option for the treatment of acute exacerbations in patients with muscle spasms, short-term use only of 2-3 weeks is recommended. In this case, the quantity being prescribed is consistent with ongoing long-term use and it appears to be ineffective. Muscle relaxants are being prescribed on a long-term basis. The request was not medically necessary.

Lidoderm patch QD #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines (1) Lidoderm (lidocaine patch). (2) Topical Analgesics, Page(s): 56-57, 111-113.

Decision rationale: The claimant sustained a work injury in April 2013 and is being treated for ongoing neck pain and headaches. Muscle relaxants have included baclofen, Soma, and Flexeril. When seen, pain was rated at 5-6/10. Facet loading was positive. Lidoderm and Flexeril were prescribed. The Flexeril dose was increased. Left-sided medial branch blocks were planned. Topical lidocaine in a formulation that does not involve a dermal-patch system can be recommended for localized peripheral pain. Lidoderm is not a first-line treatment and is only [redacted] 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, there are other topical treatments that could be considered. Lidoderm was not medically necessary.