

Case Number:	CM15-0139274		
Date Assigned:	07/29/2015	Date of Injury:	09/20/2012
Decision Date:	08/31/2015	UR Denial Date:	07/13/2015
Priority:	Standard	Application Received:	07/17/2015

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: California
 Certification(s)/Specialty: Physical Medicine & Rehabilitation

CLINICAL CASE SUMMARY

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

This 61 year old man sustained an industrial injury on 9/20/2012. The mechanism of injury is not detailed. Diagnoses include post-concussive syndrome, low back pain, lumbar neuropathy with bilateral lower extremity symptoms, and lumbar spine sprain/strain. Treatment has included oral and topical medications and TENS unit for home use. Physician notes on a PR-2 dated 5/4/2015 show complaints of low back pain rated 4/10. Recommendations include TENS electrodes, LidoPro, Gabapentin, Naproxen, Omeprazole, acupuncture, and follow up in one month.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cyclobenzaprine 7.5 mg #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants Page(s): 63-66.

Decision rationale: This patient presents with complaints of low back pain rated 4/10. The current request is for Cyclobenzaprine 7.5 mg #60. Treatment has included oral and topical medications and TENS unit for home use. The RFA is dated 06/29/15. The patient's work status was not addressed. MTUS Chronic Pain Medical Treatment Guidelines, page 63-66 states: 'Muscle relaxants: Recommend non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic LBP. The most commonly prescribed antispasmodic agents are Carisoprodol, cyclobenzaprine, metaxalone, and methocarbamol, but despite their popularity, skeletal muscle relaxants should not be the primary drug class of choice for musculoskeletal conditions.' According to progress report 06/29/15, the patient presents with low back and right shoulder pain. The patient rated his pain as 7/10 without medications and 2-3/10 with medications. He reported that medications provide 50% pain relief. He is able to participate in ADL's and care for himself when he takes his medications. Without them, he has difficulty walking, bending forward and sitting. His current medications include Naproxen, Cyclobenzaprine and LidoPro topical cream. The patient has been prescribed Cyclobenzaprine for muscle spasms since 05/04/15. Guidelines indicate that muscle relaxants such as Cyclobenzaprine are considered appropriate for acute exacerbations of lower back pain, and MTUS Guidelines do not recommend use for longer than 2 to 3 weeks. Given this patient has been using this medication chronically, the request IS NOT medically necessary.

Lidoderm patches #15: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Lidoderm (Lidocaine patches) Page(s): 56, 57, 112. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (Chronic) Chapter, Topical analgesics section.

Decision rationale: This patient presents with complaints of low back pain rated 4/10. The current request is for Lidoderm patches #15. Treatment has included oral and topical medications and TENS unit for home use. The RFA is dated 06/29/15. The patient's work status was not addressed. MTUS Chronic Pain Guidelines Page 112 also states, Lidocaine Indication: Neuropathic pain 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). Topical lidocaine, in the formulation of a dermal patch (Lidoderm) has been designated for orphan status by the FDA for neuropathic pain.' When reading ODG Pain (Chronic) Chapter, Topical analgesics section, it specifies that Lidocaine patches are indicated as a trial if there is 'evidence of localized pain that is consistent with a neuropathic etiology.' ODG further requires documentation of the area for treatment, trial of a short-term use with outcome documenting pain and function. On 04/06/15, the treater dispensed a trial package of Lidocaine patches "to give the patient a non p.o. analgesic option given his extensive use of NSAIDs." According to progress report 06/29/15, the patient presents with low back and right shoulder pain. Examination of the lower back revealed decrease range of motion, muscle spasms, and positive SLR on the left. Examination of the right shoulder revealed localized pain to the anterolateral aspect of the subacromial region. Positive Hawkins and speeds test were noted. There is extreme tenderness to palpation throughout the subacromial region. The patient rated his as 7/10 without medications

and 2-3/10 with medications. He reports that medications provide 50% pain relief. He is able to participate in ADL's and care for himself when he takes his medications. Without them he has difficulty walking, bending forward and sitting. In this case, Lidocaine patches would appear to be indicated for this patient's shoulder pain, and the patient has already had tried and failed NSAID and gabapentin. Medication efficacy has also been provided, as required by MTUS page 60. Given patient's right shoulder complaints and documentation of functional improvement with using Lidocaine patches, this request IS medically necessary.