MAXIMUS Federal Services

Case Number:	CM15-0139458		
Date Assigned:	07/29/2015	Date of Injury:	04/03/2012
Decision Date:	09/25/2015	UR Denial Date:	06/29/2015
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:

The 44-year-old female injured worker suffered an industrial injury on 4-3-2012. The diagnoses included lumbar degenerative disc disease, lumbar sprain, lumbar spasms and lumbar radiculitis. The treatment included medication and home exercise program. On 6-15-2015, the treating provider reported the back pain increased with activities and had somewhat of a flare over the prior month. The injure worker reported that she only uses her medications for flares and does not use them daily. She reported the back pain as 7 out of 10 in the low back and sacral area and is reduced to 2 to 3 out of 10 with medications. On exam, the lumbar muscles were tight with guarded motion due to pain. The straight leg raise was positive. The injured worker reported that with the periodic use of medications she is able to maintain a full time work schedule as a teacher without restrictions. The injured worker had returned to full time work. The requested treatments included Lidocaine ointment, Flexeril and Ibuprofen.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lidocaine ointment 5% #1 with 2 refills: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111.

Decision rationale: Based on the 06/15/15 progress report provided by treating physician, the patient presents with flared up back pain rated 7/10. The request is for LIDOCAINE OINTMENT 5% #1 WITH 2 REFILLS. Patient's diagnosis per Request for Authorization form dated 06/15/15 includes lumbar degenerative disc disease, lumbar strain/sprain, and lumbar radiculitis. Physical examination to the lumbar spine revealed hypertonicity and tenderness to palpation to the bilateral L5-S1 paraspinals, gluts and piriformis muscles. Range of motion is decreased due to pain. Straight leg raise test positive bilaterally. Treatment to date has included physical therapy, home exercise program and medications. Patient's medications include Lidoderm patches, Ibuprofen and Flexeril. The patient is permanent and stationary, but may continue regular work, per 06/15/15 report. Lidocaine patch is included in patient's medications, per progress reports dated 02/26/15 and 06/15/15. It is not known when this medication was initiated. This request is not medically necessary.

Flexeril 10mg 1/2-1 tab #30 with 2 refills: 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 Muscle relaxants for pain Page(s): 64.

Decision rationale: Based on the 06/15/15 progress report provided by treating physician, the patient presents with flared up back pain rated 7/10. The request is for FLEXERIL 10MG 1/2-1 TAB #30 WITH 2 REFILLS. Patient's diagnosis per Request for Authorization form dated 06/15/15 includes lumbar degenerative disc disease, lumbar strain/sprain, and lumbar radiculitis. Physical examination to the lumbar spine revealed hypertonicity and tenderness to palpation to the bilateral L5-S1 paraspinals, gluts and piriformis muscles. Range of motion is decreased due to pain. Straight leg raise test positive bilaterally. Treatment to date has included physical therapy, home exercise program and medications. Patient's medications include Lidoderm patches, Ibuprofen and Flexeril. The patient is permanent and stationary, but may continue regular work, per 06/15/15 report. MTUS pg 64, Muscle relaxants for pain Section states that Cyclobenzaprine (Flexeril, Amrix, Fexmid, generic available): "Recommended for a short course of therapy. Limited, mixed-evidence does not allow for a recommendation for chronic use. Cyclobenzaprine is a skeletal muscle relaxant and a central nervous system depressant with similar effects to tricyclic antidepressants. (E.g. amitriptyline)" This medication is not recommended to be used for longer than 2-3 weeks." Flexeril is included in patient's medications, per progress reports dated 02/26/15 and 06/15/15. It is not known when this medication was initiated. Per 06/15/15 report, treater states that medications reduce pain from 7/10 to 2-3/10. However, MTUS recommends Flexeril, only for a short period (no more than 2-3 weeks). The request for additional prescription of Flexeril would exceed guideline recommendations. Furthermore, the request for quantity 30 with 2 refills does not indicate intended short-term use. Therefore, the request IS NOT medically necessary.

Ibuprofen 600mg #0 with 2 refills: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory drugs).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines ANTI-INFLAMMATORY MEDICATIONS Page(s): 22.

Decision rationale: Based on the 06/15/15 progress report provided by treating physician, the patient presents with flared up back pain rated 7/10. The request is for IBUPROFEN 600MG #0 WITH 2 REFILLS. Patient's diagnosis per Request for Authorization form dated 06/15/15 includes lumbar degenerative disc disease, lumbar strain/sprain, and lumbar radiculitis. Physical examination to the lumbar spine revealed hypertonicity and tenderness to palpation to the bilateral L5-S1 paraspinals, gluts and piriformis muscles. Range of motion is decreased due to pain. Straight leg raise test positive bilaterally. Treatment to date has included physical therapy, home exercise program and medications. Patient's medications include Lidoderm patches, Ibuprofen and Flexeril. The patient is permanent and stationary, but may continue regular work, per 06/15/15 report. MTUS, page 22, ANTI-INFLAMMATORY MEDICATIONS Section, page 22 states: "Anti-inflammatory are the traditional first line of treatment to reduce pain, so activity and functional restoration can resume, but long-term use may not be warranted. A comprehensive review of clinical trials on the efficacy and safety of drugs for the treatment of low back pain concludes that available evidence supports the effectiveness of nonselective non-steroidal anti-inflammatory drugs (NSAIDs) in chronic LBP and of antidepressants in chronic LBP." Ibuprofen is included in patient's medications, per progress reports dated 02/26/15 and 06/15/15. Per 06/15/15 report, treater states that medications reduce pain from 7/10 to 2-3/10. In this case, treater has documented medication efficacy as required by MTUS. The request appears reasonable and in accordance with guidelines. Therefore, the request IS medically necessary.