

Case Number:	CM15-0142279		
Date Assigned:	08/03/2015	Date of Injury:	07/11/2002
Decision Date:	09/30/2015	UR Denial Date:	07/17/2015
Priority:	Standard	Application Received:	07/22/2015

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 injured worker is a 54 year old female, who sustained an industrial injury on July 11, 2002. She reported slipping and falling, with pain in her left ankle and foot, left wrist, and back. The injured worker was diagnosed as having lumbar-lumbosacral anterior fusion, lumbar root injury, and lumbar disc displacement without myelopathy. Treatments and evaluations to date have included MRIs, CT scan, electromyography (EMG)-nerve conduction velocity (NCV), epidural steroid injections (ESIs), spinal cord stimulator, orthotics, and medication. Currently, the injured worker reports sharp, shooting lower back pain. The Treating Physician's report dated June 30, 2015, noted the injured worker was status post bilateral diagnostic facet joint injections at L3-L4 done on June 23, 2015. The injured worker reported no pain relief with the injections, and in fact noted a slight increase in the lower back pain. The injured worker was noted to use Oxycodone, which provided her with 30% pain relief that lasted 4-5 hours, with the Lidoderm patches extending the pain relief up to 7-8 hours, with the functional benefit of being able to sleep throughout the night. Physical examination was noted to show spasm and guarding in the lumbar spine and pain with axial loading of the lumbar facet joints bilaterally. The injured worker's current medications were listed as Lidoderm patches, Oxycodone HCL IR, Ambien, Lyrica, and Cyclobenzaprine. The treatment plan was noted to include a request for authorization for the Lidoderm patches, Oxycodone, and Cyclobenzaprine, with no refills of the Lyrica. The injured worker's work status was noted to be permanent and stationary.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lidoderm 5% patch quantity 30 with three refills: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Lidocain (Lidoderm patch) Page(s): 56-57. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (Chronic) Chapter under Lidoderm (lidocaine patch).

Decision rationale: The 54 year old patient complains of sharp, shooting lower back pain, as per progress report dated 06/30/15. The request is for LIDODERM 5% PATCH QUANTITY 30 WITH THREE REFILLS. There is no RFA for this case, and the patient's date of injury is 07/11/02. Diagnoses, as per progress report dated 07/16/15, included lumbar disc displacement, lumbar root injury, and lumbar/lumbosacral anterior fusion. Medications included Lidoderm patch, Oxycodone, Lyrica, Cyclobenzaprine and Ambien. The patient is status post multiple back surgeries including anterior L4-S1 fusion with hardware removal and status post spinal cord stimulator removal, as per progress report dated 06/30/15. The patient is permanent and stationary, as per progress report dated 07/16/15. MTUS guidelines page 56 and 57, Lidocain (Lidoderm patch) section states, "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 antidepressants or an AED such as gabapentin or Lyrica." Page 112 also states, "Lidocaine indication: neuropathic pain. Recommended for localized peripheral pain." ODG guidelines, Pain (Chronic) Chapter under Lidoderm (lidocaine patch) states: "Recommended for a trial if there is evidence of localized pain that is consistent with a neuropathic etiology...A Trial of patch treatment is recommended for a short-term period (no more than four weeks)...This medication is not generally recommended for treatment of osteoarthritis or treatment of myofascial pain/trigger points...The area for treatment should be designated as well as number of planned patches and duration for use (number of hours per day)...Continued outcomes should be intermittently measured and if improvement does not continue, lidocaine patches should be discontinued." In this case, a prescription for Lidoderm patch is first noted in progress report dated 07/17/12. It appears that the patient has been using it consistently since then. It is not clear when the medication was initiated. Multiple progress reports document that the patient is experiencing neuropathic pain for which the Lidoderm patch is indicated. Additionally, in progress report dated 06/30/15, the treater states that Lidoderm patches offer relief for 7-8 hours. The patient gets "functional benefit from being able sleep through the night. She reports no side effects." Given the patient's neuropathic symptoms and documentation of efficacy, the request appears reasonable and IS medically necessary.

Cyclobenzaprine 5mg quantity 30: Upheld

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

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

Decision rationale: The 54 year old patient complains of sharp, shooting lower back pain, as per progress report dated 06/30/15. The request is for CYCLOBENZAPRINE 5mg QUANTITY 30. There is no RFA for this case, and the patient's date of injury is 07/11/02. Diagnoses, as per progress report dated 07/16/15, included lumbar disc displacement, lumbar root injury, and lumbar/lumbosacral anterior fusion. Medications included Lidoderm patch, Oxycodone, Lyrica, Cyclobenzaprine and Ambien. The patient is status post multiple back surgeries including anterior L4-S1 fusion with hardware removal and status post spinal cord stimulator removal, as per progress report dated 06/30/15. The patient is permanent and stationary, as per progress report dated 07/16/15. MTUS pg 63-66 and Muscle relaxants section states: Recommend non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbation 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. Cyclobenzaprine (Flexeril, Amrix, Fexmid, generic available): Recommended for a short course of therapy. MTUS, Chronic Pain Medication Guidelines, Muscle Relaxants, page 63-66: "Carisoprodol (Soma, Soprodon 350, Vanadom, generic available): Neither of these formulations is recommended for longer than a 2 to 3 week period." Abuse has been noted for sedative and relaxant effects. In this case, Cyclobenzaprine is first noted in progress report dated 05/05/15. In progress report dated 08/22/12, the treater states that the patient trialed Soma and Flexeril for muscle spasms which "provided no significant benefits." In progress report dated 07/28/15 (after the UR denial date), the treater states that the patient has not had a refill of this medication for several months as the patient only uses it intermittently. In an appeal letter dated 08/17/15 (after the UR denial date), the treater states that the patient discontinued the use of this medication on 08/11/15. The current request is for retrospective one for DOS 06/30/15. The patient was experiencing spasms in the thoracic spine, which radiated to lower back and hips. Flexeril helped with pain and function and she "was able to perform activities of daily living better with less pain." As per the same appeal letter, currently the medication is not providing relief and the patient has switched to another one. While Cyclobenzaprine appears to have helped the patient, MTUS only does not recommend its use beyond 2 to 3 week period. The medication was initiated on 05/05/15, and the current request is for the 06/30/15 prescription, which is beyond the recommended time frame. Hence, the request IS NOT medically necessary.