

Case Number:	CM15-0147486		
Date Assigned:	08/10/2015	Date of Injury:	02/03/2010
Decision Date:	09/10/2015	UR Denial Date:	06/30/2015
Priority:	Standard	Application Received:	07/29/2015

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 60-year-old who has filed a claim for chronic foot, ankle, and knee pain with derivative complaints of depression reportedly associated with an industrial injury of February 3, 2010. In a Utilization Review report dated June 30, 2015, the claims administrator failed to approve requests for Norflex and topical lidocaine apparently prescribed and/or dispensed on or around April 28, 2015. The applicant's attorney subsequently appealed. On June 16, 2015, the applicant reported chronic left lower extremity pain, exacerbated by standing and walking. The applicant was given diagnoses of foot pain, leg pain, knee pain, chronic pain, thoracic spine pain, and major depressive disorder. The applicant was on Norflex, Desyrel, Lidoderm, Elavil, and extra strength Tylenol, it was reported. The applicant had undergone a functional restoration program, it was reported. Acupuncture and physical therapy were sought. The applicant's permanent work restrictions were renewed. The attending provider suggested that the applicant was not working, by noting that the applicant was in the process of searching for a job in an alternate capacity. Norflex, lidocaine ointment, and trazodone were all apparently refilled.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective request for Norflex ER 100mg #30 (DOS: 4/28/15): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antispasmodics Page(s): 64-68.

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

Decision rationale: No, the request for Norflex, a muscle relaxant, is not medically necessary, medically appropriate, or indicated here. While page 63 of the MTUS Chronic Pain Medical Treatment Guideline does recommend muscle relaxant such as Norflex with caution as a second line option for short-term treatment of acute exacerbations of chronic low back pain, here, however, the renewal request for Norflex 100 mg #30 implied chronic, long-term, and/or daily use of the same, i.e., usage in excess of the short-term role for which muscle relaxants are espoused, per page 63 of the MTUS Chronic Pain Medical Treatment Guidelines. Therefore, the request is not medically necessary.

Retrospective request for Lidocaine 5% ointment #1 (DOS: 4/28/15): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Lidocaine Page(s): 112.

Decision rationale: Similarly, the request for lidocaine ointment is likewise not medically necessary, medically appropriate, or indicated here. While page 112 of the MTUS Chronic Pain Medical Treatment Guidelines does acknowledge that topical lidocaine is indicated in the treatment of localized peripheral pain or neuropathic pain in applicants in whom there has been a trial of first line therapy with antidepressants and/or anticonvulsants, here, however, the applicant's concomitant usage of amitriptyline (Elavil), an antidepressant adjuvant medication, effectively obviated the need for the lidocaine ointment in question. Therefore, the request is not medically necessary.