

Case Number:	CM15-0184435		
Date Assigned:	09/24/2015	Date of Injury:	11/23/2010
Decision Date:	11/06/2015	UR Denial Date:	08/25/2015
Priority:	Standard	Application Received:	09/18/2015

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 34 year old male, who sustained an industrial injury on 11-23-2010. He has reported injury to the left knee and low back. The diagnoses have included lumbar sprain-strain; lumbar facet syndrome; lumbar radiculopathy; trochanteric bursitis; left knee strain; and knee tendinopathy. Treatment to date has included medications, diagnostics, activity modification, TENS (transcutaneous electrical nerve stimulation) unit, and home exercise program. Medications have included Naproxen, Fenoprofen, LidoPro cream, Cyclobenzaprine, and Omeprazole. A progress report from the treating physician, dated 08-18-2015, documented a follow-up visit with the injured worker. The injured worker reported continued low back pain; left hip pain radiating to the left knee; sharp shooting pain at the anterior, lateral aspect of the thigh; the pain is rated at 7 out of 10 in severity; he noted minimal improvement from hip injection in the past; and he continues his medications as needed. Objective findings included tenderness to palpation of the lumbar spine; tenderness to palpation of the left knee medial aspect; left knee active range of motion with pain elicited on varus stress test; and left hip tenderness to palpation over the trochanteric bursa. The treatment plan has included the request for LidoPro cream 121 gm; and Cyclobenzaprine 7.5 mg #60. The original utilization review, dated 08-25-2015, non-certified the request for LidoPro cream 121 gm; and Cyclobenzaprine 7.5 mg #60.

IMR ISSUES, DECISIONS AND RATIONALES

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

LidoPro cream 121 gm: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Topical Analgesics.

Decision rationale: The patient presents with low back pain, and left hip pain radiating to left knee. The request is for Lidopro Cream 121 gm. The request for authorization is dated 08/18/15. Physical examination of the left knee reveals range of motion with pain elicited on varus stress test, positive tenderness to palpation medial aspect, no edema, no erythema. Exam of left hip reveals positive tenderness to palpation over trochanteric bursa. Patient is to continue conservative care - meds, TENS, HEP, and thera cane. Per progress report dated 08/18/15, the patient is returned to modified work. MTUS has the following regarding topical creams (p111, chronic pain section): "Topical Analgesics: Recommended as an option as indicated below. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Topical lidocaine, in the formulation of a dermal patch (Lidoderm) has been designated for orphan status by the FDA for neuropathic pain. Lidoderm is also used off-label for diabetic neuropathy. No other commercially approved topical formulations of lidocaine (whether creams, lotions or gels) are indicated for neuropathic pain." Treater does not specifically discuss this medication. In this case, the patient continues with low back pain, hip and knee pain despite conservative care. However, the requested topical compound contains Lidocaine, which is not supported for topical use in lotion form per MTUS. Therefore, the request is not medically necessary.

Cyclobenzaprine 7.5 mg #60: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Cyclobenzaprine (Flexeril), Muscle relaxants (for pain).

Decision rationale: The patient presents with low back pain, and left hip pain radiating to left knee. The request is for Cyclobenzaprine 7.5 MG #60. The request for authorization is dated 08/18/15. Physical examination of the left knee reveals range of motion with pain elicited on varus stress test, positive tenderness to palpation medial aspect, no edema, no erythema. Exam of left hip reveals positive tenderness to palpation over trochanteric bursa. Patient is to continue conservative care - meds, TENS, HEP, and thera cane. Per progress report dated 08/18/15, the patient is returned to modified work. MTUS, Muscle relaxants (for pain) section, Soma, page 63- 66 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...Carisoprodol (Soma, Soprodal 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." Treater does not specifically discuss this medication. Prescription history for Cyclobenzaprine is not provided to determine when this medication was initiated. However, MTUS only recommends short-term use (no more than 2-3 weeks) for sedating muscle relaxants. In this case, treater does not discuss or document use of Cyclobenzaprine for short-term use. Additionally, the request for additional Cyclobenzaprine #60 would exceed MTUS recommendation and does not indicate intended short-term use. Therefore, the request is not medically necessary.