MAXIMUS Federal Services

Case Number:	CM15-0193952		
Date Assigned:	10/07/2015	Date of Injury:	09/20/2000
Decision Date:	11/18/2015	UR Denial Date:	09/14/2015
Priority:	Standard	Application Received:	10/02/2015

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: Georgia
Certification(s)/Specialty: Anesthesiology, Pain Management

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 60 year old male, who sustained an industrial injury on September 20, 2000, incurring low back injuries. He was diagnosed with lumbosacral degenerative spondylosis with foraminal stenosis and lumbar radiculitis. Treatment included nerve blocks, lumbar epidural steroid injections, narcotics, anti-inflammatory drugs, muscle relaxants, antidepressants, topical analgesic patches and gels, and activity restrictions and modifications. He was ordered to have two bilateral lumbosacral transforaminal nerve blocks once a year. Currently, the injured worker complained of continued low back pain radiating into both legs. He noted restriction of flexion and extension of the lower back. He had lumbar tenderness and muscle spasms noted in the low back region. He was diagnosed with chronic lumbar pain with lumbar disc bulging. The chronic pain and restricted range of motion interfered with the injured worker's activities of daily living. The treatment plan that was requested for authorization on October 2, 2015, included prescriptions for Flexeril 10 mg #360 and Lidoderm Patch 5% #360. On September 14, 2015, a request for a prescription for Flexeril was modified from a quantity of #360 to a quantity of #45 and a request for a prescription for Lidoderm Patch was denied by utilization review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Flexeril 10mg #360: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

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

Decision rationale: Flexeril 10 mg #360 is not medically necessary. CA MTUS supports the short-term use of non-sedating muscle relaxants as a second-line option in the management of acute pain and acute exacerbations of chronic pain. This medication is a sedating muscle relaxant apparently being utilized for long-term treatment, and the documentation does not identify acute pain or an acute exacerbation of chronic pain. In addition, there is no documentation of efficacy with the use of this medication. Furthermore, the records note that Flexeril did not provide sufficient pain relief. Thus, the requested medication is not medically necessary.

Lidoderm patch 5% #360: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

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

Decision rationale: Lidoderm 5% Patches #30 Patches with 3 Refills is not medically necessary. According to California MTUS, 2009, chronic pain, page 111 California MTUS guidelines does not cover "topical analgesics that are largely experimental in use with a few randomized controlled trials to determine efficacy or safety. Any compounded product that contains at least one drug or drug class that is not recommended is not recommended". Additionally, Per CA MTUS page 111 states that topical analgesics are "recommended for localized peripheral pain after there has been evidence of a trial of first-line therapy (anti-depressants or AED)." Only FDA-approved products are currently recommended. Non-neuropathic pain: Not recommended. The claimant was not diagnosed with neuropathic pain and there is no documentation of physical findings or diagnostic imaging confirming the diagnosis; therefore, the requested medication is not medically necessary.