MAXIMUS Federal Services

Case Number:	CM15-0194275		
Date Assigned:	10/08/2015	Date of Injury:	11/13/2014
Decision Date:	11/19/2015	UR Denial Date:	09/28/2015
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: 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 47 year old male who sustained an industrial injury on November 13, 2014. A recent primary treating office visit dated September 08, 2015 reported subjective complaint of "continued pain." His pain can go as high as "9" in intensity where he "is unable to get out of bed due to excruciating pain." He reports that his "symptoms when severe can go down both legs into his big toe." The pain is described as burning in nature and "he gets about 35-50% relief from his current pain regimen." The current regimen is listed of: Skelaxin two daily with partial relief of spasm. He also benefits from "LidoPro topical applied twice daily." In the evening he ices his back then takes hot showers at the end of work day. Evening medication noted Lidocaine patches and or Tramadol if severe. He also benefits from exercises performed daily. There is note of recent denial of epidural injection, medications and TENS unit. There is further note of difficulty receiving medications ad self-paying for an epidural injection performed on June 01, 2015 which was "extremely effective lasting at least 6 weeks." He reports "being able to walk and or hike for about 5 miles and perform activities of daily living without severe pain." The plan of care noted: Tylenol #3, Tramadol, Lidoderm patches, Lidocaine gel, Celebrex, and Skelaxin. Primary follow up dated January 21, 2015 reported subjective complaint of "increased pain for the last three days", he explains having helped a woman with a push cart and bent over with the sudden onset of increased back pain. He is still participating in chiropractic care. He reports "now with radiation into the left leg." Relevant medication listed: Ibuprofen, and Flexeril. The following diagnosis was applied to the visit: lumbar muscle strain.

On September 21, 2015 a request was made for Lidoderm 5% patches #90, and Skelaxin 800mg #120 which were noncertified by Utilization Review on September 28, 2015.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lidoderm 5% patch Qty 90 with 0 refills, 1-3 patches 12 hours on/ 12 hours off: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Lidoderm (lidocaine patch).

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

Decision rationale: The patient presents with low back pain radiating to the left lower extremity. The request is for lidoderm 5% patch qty 90 with 0 refills, 1-3 patches 12 hours on/ 12 hours off. Physical examination to the lumbar spine on 09/08/15 revealed tenderness to palpation over the bilateral L2 through L5 area. Patient's treatments have included medications, image studies, lumbar ESI's physical and aqua therapy, TENS unit, and chiropractic care. Per 07/07/15 Request For Authorization form, patient's diagnosis include lumbar disc injury, bilateral sciatica, and lumbar facet arthralgia. Patient's medications, per 09/08/15 Request For Authorization form include Tylenol #3, Celebrex, Lidopro Ointment, Skelaxin, and Lidopro Patch. Patient's work status is modified duties. MTUS Chronic Pain Medical Treatment Guidelines, pages 56 and 57, Lidoderm (Lidocaine 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 anti-depressants or an AED such as gabapentin or Lyrica)." MTUS Page 112, for Topical Analgesics, also states, "Lidocaine Indication: Neuropathic pain Recommended for localized peripheral pain." When reading ODG guidelines, chapter 'Pain (Chronic)' and topic 'Lidoderm (Lidocaine patch)', it specifies that lidoderm patches are indicated as a trial if there is "evidence of localized pain that is consistent with a neuropathic etiology." ODG further requires documentation of the area for treatment, trial of a short-term use with outcome documenting pain and function. The treater has not specifically addressed this request. Review of the medical records provided indicate that the patient has been utilizing Lidoderm Patches since at least 07/07/15. However, the treater does not document any specific improvement in function or reduction in pain due to its use. MTUS guidelines, page 60 requires recording of pain and function when medications are used for chronic pain. The request does not meet guideline recommendations and therefore, is not medically necessary.

Skelaxin 800 mg Qty 120 with 0 refills, 4 times daily: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Metaxalone (Skelaxin), Muscle relaxants (for pain).

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

Decision rationale: The patient presents with low back pain radiating to the left lower extremity. The request is for Skelaxin 800mg qty 120 with 0 refill, 4 times daily. Physical examination to the lumbar spine on 09/08/15 revealed tenderness to palpation over the bilateral L2 through L5 area. Patient's treatments have included medications, image studies, lumbar ESI's physical and aqua therapy, TENS unit, and chiropractic care. Per 07/07/15 Request For Authorization form, patient's diagnosis include lumbar disc injury, bilateral sciatica, and lumbar facet arthralgia. Patient's medications, per 09/08/15 Request For Authorization form include Tylenol #3, Celebrex, Lidopro Ointment, Skelaxin, and Lidopro Patch. Patient's work status is modified duties. MTUS Chronic Pain Guidelines for Muscle relaxants section, pg. 63-66 states: "Muscle relaxants (for pain): 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." For Skelaxin, MTUS p61 states, "Recommended with caution as a second-line option for short-term pain relief in patients with chronic LBP. Metaxalone (marketed by [redacted] under the brand name Skelaxin) is a muscle relaxant that is reported to be relatively non-sedating." The treater has not specifically addressed this request. A prescription for Skelaxin was first noted in progress report dated 07/07/15 and it appears that the patient has been utilizing this medication at least since then. However, the treater has not discussed the efficacy of this medication, in terms of pain reduction and functional improvement. MTUS guidelines, page 60 requires recording of pain and function when medications are used for chronic pain. Given the lack of required documentation as required by the guidelines, this request is not medically necessary.