

Case Number:	CM15-0198290		
Date Assigned:	10/13/2015	Date of Injury:	10/10/2004
Decision Date:	12/01/2015	UR Denial Date:	09/15/2015
Priority:	Standard	Application Received:	10/08/2015

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, California

Certification(s)/Specialty: Family Practice

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 51-year-old male who sustained a work related injury on 10-10-04. A review of the medical records shows he is being treated for low back pain. Treatments have included 3 lumbar spine surgeries, physical therapy, home exercises and medications. Current medications include Flexeril, Gabapentin, Lidocaine patches, Nucynta and Omeprazole. In the Initial Pain Medicine Evaluation dated 8-31-15, the injured worker reports constant low back pain that radiates down his left leg greater than right. The pain is accompanied by constant numbness in both legs down to toes and constant muscle weakness in both legs. He describes the pain as aching, burning, pins and needles, sharp, stabbing, throbbing and severe. He reports frequent low back muscle spasms. He rates his pain a 7 out of 10 with medications and a 9 out 10 without medications. On physical exam dated 8-31-15, he has tenderness upon palpation of the spinal vertebral area L4-S1 levels. He has slight to moderate limited and painful range of motion in lumbar spine. The patient had positive SLR, decreased sensation in left lower extremity. The patient has had MRI of the lumbar spine on 7/6/11 that revealed disc protrusions, foraminal narrowing, and post surgical changes. He is not working. The treatment plan includes requests for medications.

IMR ISSUES, DECISIONS AND RATIONALES

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

Flexeril 10mg, #60 (2x a day): Overturned

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

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

Decision rationale: Flexeril 10mg, #60 (2x a day). According to CA MTUS guidelines cited, "Recommended as an option, using a short course of therapy." Treatments have included 3 lumbar spine surgeries. In the Initial Pain Medicine Evaluation dated 8-31-15, the injured worker reports constant low back pain that radiates down his left leg greater than right. The pain is accompanied by constant numbness in both legs down to toes and constant muscle weakness in both legs. He reports frequent low back muscle spasms. He rates his pain a 7 out of 10 with medications and a 9 out of 10 without medications. On physical exam dated 8-31-15, he has tenderness upon palpation of the spinal vertebral area L4-S1 levels. He has slight to moderate limited and painful range of motion in lumbar spine. The patient had a positive SLR, decreased sensation in left lower extremity. The patient has had MRI of the lumbar spine on 7/6/11 that revealed disc protrusions, foraminal narrowing, and post surgical changes. The patient has evidence of muscle spasms on objective examination. The patient also has chronic conditions with abnormal objective findings. These conditions are prone to intermittent exacerbations. Therefore, the request for Flexeril 10mg, #60 (2x a day) is medically necessary and appropriate for prn use during exacerbations.

Lidocaine patch 5%, #30: 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): Topical Analgesics, Lidoderm (lidocaine patch).

Decision rationale: Lidocaine patch 5%, #30. According to the MTUS Chronic Pain Guidelines regarding topical analgesics, the use of topical analgesics is "Largely experimental in use with few randomized controlled trials to determine efficacy or safety, primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. There is little to no research to support the use of many of these agents." Per the cited guidelines, "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. Non-dermal patch formulations are generally indicated as local anesthetics and anti-pruritics. Further research is needed to recommend this treatment for chronic neuropathic pain disorders other than post-herpetic neuralgia." Evidence of post herpetic neuralgia or diabetic neuropathy is not specified in the records provided, in this patient. Evidence of diminished effectiveness of oral medications was not specified in the records provided. Topical lidocaine is not recommended by MTUS in such a patient. MTUS guidelines recommend topical analgesics for neuropathic pain only when trials of antidepressants and anticonvulsants have failed to relieve symptoms. Intolerance or contraindication to oral medications is not specified in the records provided. The medication list contains Gabapentin. The detailed response of the gabapentin for this injury was not specified in the records provided. The request for Lidocaine patch 5%, #30 is not medically necessary.