

Case Number:	CM15-0201840		
Date Assigned:	10/16/2015	Date of Injury:	04/14/2012
Decision Date:	12/18/2015	UR Denial Date:	10/13/2015
Priority:	Standard	Application Received:	10/14/2015

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: Connecticut, California,

Virginia

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 injured worker is a 61 year old female who sustained an industrial injury on 4-14-12. The injured worker reported neck and low back pain with upper and lower radiculopathy. A review of the medical records indicates that the injured worker is undergoing treatments for cervical and lumbar radiculopathy, C5-6 and L4-5 disc bulge and myofascial dysfunction. Medical records dated 7-28-15 indicate the injured worker "has poor sleep secondary to pain." Provider documentation dated 7-28-15 did not note the work status. Treatment has included home exercise program, BioFreeze since at least May of 2015, Lidocaine Patch since at least May of 2015, Butrans since at least May of 2015, and Robaxin since at least April of 2015. Objective findings dated 7-28-15 were notable for decreased sensation in the right thigh and right arm with poor grip, spasms in the L3-L5 with multiple triggers. The original utilization review (10-14-15) denied a request for Lidoderm 4% patches, 3 patches daily #90, BioFreeze, 1 large tube, Robaxin 500mg twice daily #60 and a lumbar support orthotic.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lidoderm 4% patches, 3 patches daily #90: Upheld

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

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

Decision rationale: The MTUS chronic pain guidelines recommend consideration of topical lidocaine for localized peripheral pain after trials of first line therapies to include tricyclics/SNRIs or AEDs such as gabapentin, etc. Topical lidocaine is not considered appropriate as a first-line treatment, and in this case, the chronic nature of the case brings into question the efficacy of chronic treatment. There is no considerable objective evidence of functional improvement in the provided records to support continued use of Lidoderm patches, and therefore the request for topical lidocaine at this time is not medically necessary.

Biofreeze, 1 large tube: Upheld

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

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

Decision rationale: Biofreeze is a compound containing the active ingredient menthol. The MTUS states there is little to no research to support the use of many compounded agents. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Menthol is not considered a non-recommended agent per the MTUS. The use of these compounded agents requires knowledge of the specific analgesic effect of each agent and how it will be useful for the specific therapeutic goal required. While these agents are supported by little to no research, and are only recommended for consideration in cases of neuropathic pain when medications have failed, the provided documents do not clearly indicate there is evidence of functional improvement while using the compound, and therefore the request is not medically necessary at this time.

Robaxin 500mg twice daily #60: Upheld

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): Muscle relaxants (for pain).

Decision rationale: The MTUS recommends non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic low back pain. However, in most cases, they seem no more effective than NSAIDs for treatment. There is also no additional benefit shown in combination with NSAIDs. There is no clear indication that the patient has experienced resolution of symptoms with this medication, and it is not indicated for long-term use. With no objective evidence of pain and functional improvement on the medication previously, the request is not medically necessary.

Lumbar support orthotic: Upheld

Claims Administrator guideline: Decision based on MTUS Low Back Complaints 2004. Decision based on Non-MTUS Citation Official Disability Guidelines, Lumbar & Thoracic.

MAXIMUS guideline: Decision based on MTUS Low Back Complaints 2004, Section(s): Physical Methods. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) low back, lumbar support/brace.

Decision rationale: The MTUS states that lumbar supports have not been shown to have any lasting benefit beyond the acute phase of symptom relief. The ODG recommend lumbar bracing as an option for compression fractures and specific treatment of spondylolisthesis, documented instability, and for treatment of nonspecific LBP (very low-quality evidence, but may be a conservative option). In this case, there is not good evidence in the provided documents to support use of a back brace given the very low likelihood of clinical improvement based on the guidelines, and therefore the request is not medically necessary at this time.