

Case Number:	CM15-0204442		
Date Assigned:	10/21/2015	Date of Injury:	02/06/1996
Decision Date:	12/02/2015	UR Denial Date:	10/02/2015
Priority:	Standard	Application Received:	10/19/2015

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: Ohio, West Virginia

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine, Medical Toxicology

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 49 year old male, who sustained an industrial injury on 2-6-1996. Medical records indicate the worker is undergoing treatment for post lumbar surgery in 1996, lumbar degenerative joint disease and degenerative disc disease. A recent progress report dated 9-14-2015, reported the injured worker complained of right sided low back pain that radiates to the right foot, rated 2 out of 10. Physical examination revealed lumbar 4-5 tenderness and spasm and positive straight leg raise test. Lumbar x rays showed lumbar 4-5 narrowed space. Treatment to date has included H wave, surgery, physical therapy, Flexeril (since at least 5-14-2015), Lidoderm patch (since at least 5-14-2015), Naproxen and Vicodin. The physician is requesting Flexeril 5mg #90 and Lidocaine patch 5% #30. On 10-2-2015, the Utilization Review noncertified the request for Flexeril 5mg #90 and Lidocaine patch 5% #30.

IMR ISSUES, DECISIONS AND RATIONALES

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

Flexeril 5 mg #90: 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): Cyclobenzaprine (Flexeril), Muscle relaxants (for pain). Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Cyclobenzaprine.

Decision rationale: MTUS Chronic Pain Medical Treatment states for Cyclobenzaprine, "Recommended as an option, using a short course of therapy. The effect is greatest in the first 4 days of treatment, suggesting that shorter courses may be better. (Browning, 2001) Treatment should be brief." The medication is not recommended to be used for longer than 2-3 weeks. The medical documents indicate this IW is in excess of the initial treatment period having been receiving cyclobenzaprine since at least 5/15. ODG states regarding cyclobenzaprine; Recommended as an option, using a short course of therapy. The addition of cyclobenzaprine to other agents is not recommended. Several other pain medications are being provided to this IW along with cyclobenzaprine, which ODG recommends against. As such, the request for Flexeril 5 mg #90 is deemed not medically necessary.

Lidocaine patch 5% #30: 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), Topical Analgesics. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Topical analgesics.

Decision rationale: 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). This is not a first-line treatment and is only FDA approved for post-herpetic neuralgia. Further research is needed to recommend this treatment for chronic neuropathic pain disorders other than post-herpetic neuralgia. Formulations that do not involve a dermal-patch system are generally indicated as local anesthetics and anti-pruritics. ODG further details, Criteria for use of Lidoderm patches: (a) Recommended for a trial if there is evidence of localized pain that is consistent with a neuropathic etiology. (b) There should be evidence of a trial of first-line neuropathy medications (tri-cyclic or SNRI anti-depressants or an AED such as Gabapentin or Lyrica). (c) This medication is not generally recommended for treatment of osteoarthritis or treatment of myofascial pain/trigger points. (d) An attempt to determine a neuropathic component of pain should be made if the plan is to apply this medication to areas of pain that is generally secondary to non-neuropathic mechanisms (such as the knee or isolated axial low back pain). One recognized method of testing is the use of the Neuropathic Pain Scale. (e) The area for treatment should be designated as well as number of planned patches and duration for use (number of hours per day). (f) A Trial of patch treatment is recommended for a short-term period (no more than four weeks). (g) It is generally recommended that no other medication changes be made during the trial period. (h) Outcomes should be reported at the end of the trial including improvements in pain and function, and decrease in the use of other medications. If improvements cannot be determined, the medication should be discontinued. (i) Continued outcomes should be intermittently measured and if improvement does not continue, Lidocaine patches should be discontinued. The available medical record does not indicate that the use would be for post-herpetic neuralgia. Additionally, treatment notes did not detail other first-line therapies used and what the clinical outcomes resulted. Further, the record does not detail any continued outcomes associated with the use of this medication. As such, the request for Lidocaine patch 5% #30 is deemed not medically necessary.