

Case Number:	CM15-0027033		
Date Assigned:	02/19/2015	Date of Injury:	12/06/2013
Decision Date:	04/15/2015	UR Denial Date:	02/10/2015
Priority:	Standard	Application Received:	02/12/2015

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 40 year old female with an industrial injury date of 12/06/2013. The mechanism of injury is documented as a fall on ice. She experienced a headache and a "fire" feeling in her right leg. She presents on 11/21/2014 with complaints of head and neck pain. Physical exam noted tenderness on palpation along the left trapezius and paraspinal. Gait was normal. Diagnostic impression included Cervicalgia, cervical sprain/strain and cervical myofascial pain syndrome. Prior treatment consists of TENS unit, physical therapy and acupuncture. On 07/14/2014 visit the injured worker stated Lidopro was helpful. On 02/10/2015 utilization review issued the following decisions: Flexeril (retrospective 02/01/2015) 7.5 mg # 90 was modified to Flexeril 7.5 mg # 30. ACOEM/MTUS was cited. Lidopro Cream (retrospective 02/01/2015) was non-certified. ACOEM and ODG were cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective (DOS 2/1/15) Flexeril 7.6mg #90 (DOS: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants (for pain).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants Page(s): 63-66.

Decision rationale: This patient presents with continued complaints of neck pain. The current request is for retrospective (DOS 02/01/2015) Flexeril 7.5 mg #90. The MTUS Guidelines page 63-66 states, "muscle relaxants, for pain: Recommended non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic LBP. The most commonly prescribed antispasmodic agents are carisoprodol, cyclobenzaprine, metaxalone, and methocarbamol, but despite the popularity, skeletal muscle relaxants should not be the primary drug class of choice for musculoskeletal conditions." Review of the medical file indicates the patient has been utilizing Flexeril since 08/19/2014. The treating physician continually notes that Flexeril is "helpful." In this case, recommendation for further use cannot be made as this medication has been prescribed for long-term use and MTUS Guidelines supports the use of Flexeril for short course of therapy not longer than 2 to 3 weeks. The requested Flexeril 7.5 mg #90 is not medically necessary.

Retrospective (DOS 2/1/15) Lidopro Cream 121gm: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Topical Analgesics.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical analgesics, MTUS Guidelines Page(s): 111.

Decision rationale: The patient was injured on 12/06/13 and presents with head and neck pain. The retrospective request is for Lidopro cream 121 GM (DOS 02/01/15). There is no RFA provided and the patient is to return to full duty on 10/21/14 with no limitations or restrictions. LidoPro lotion contains capsaicin, lidocaine, menthol, and methyl salicylate. Regarding topical analgesics, MTUS Guidelines page 111 has the following regarding topical cream, "topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety." MTUS further states, "Any compounded product that contains at least 1 (or 1 drug class) that is not recommended is not recommended." MTUS Guidelines do not allow any other formulation of lidocaine other than in patch form. MTUS Guidelines do not recommend a compounded product if one of the compounds are not indicated for use. Since lidocaine is not indicated for this patient, a non-patch form, the entire compound is not recommended. Therefore, the request of LidoPro Cream IS NOT medically necessary.