

Case Number:	CM15-0028143		
Date Assigned:	02/20/2015	Date of Injury:	01/04/2011
Decision Date:	04/07/2015	UR Denial Date:	01/31/2015
Priority:	Standard	Application Received:	02/13/2015

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, Hawaii
 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 63 year old male, who sustained an industrial injury on 1/4/2011. The diagnoses have included L5/S1 spondylolisthesis, lumbar disc herniation, right radiculopathy, lumbar disc disease, sciatica and lumbosacral sprain/strain. Treatment to date has included lumbar epidural steroid injections (ESI) and medication. According to the pain management consultation report dated 12/4/2014, the injured worker reported his lower back pain as 7/10, with bilateral leg and thigh pain as 7-8/10 and pain radiating up his back as 7-8/10. He reported that his sleeping was altered. He complained of spasms in the right calf and right foot. Physical exam revealed reversal lordosis. Muscle testing revealed weakness in the right lower extremity. Gait appeared altered favoring the right lower extremity. The physician recommendation was for a lumbar epidural steroid injection (ESI) and for a trail of Diclofenac. On 1/31/2015, Utilization Review (UR) non-certified a request for Cyclobenzaprine/Lidocaine (duration and frequency unknown) dispensed on 12/4/2014. The Medical Treatment Utilization Schedule (MTUS) was cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cyclobenzaprine/Lidocaine (duration and frequency unknown) dispensed on 12/14/2014:
 Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 111-113.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113.

Decision rationale: The patient presents with lower back and lower extremity pain. The current request is for Cyclobenzaprine/Lidocaine (Duration and frequency unknown) dispensed on 12/14/2014. The treating physician states, "Today he reports his lower back pain as a 7 on a (0-10) scale, with bilateral leg and thigh pain as a 7-8, with pain radiating up his back causing 7-8. The medications have helped his condition." (B.37) There is no further discussion on the current request. The MTUS Guidelines page 111 has the following regarding topical creams, "topical analgesics are largely experimental and used with few randomized control trials to determine efficacy or safety." Per MTUS guidelines, lidocaine is only allowed in a patch form and not allowed in a cream, lotion, or gel forms. The request also does not provide specifications as to the quantity, percentage, or length of use as required by the MTUS guidelines. The current request is not medically necessary and the recommendation is for denial.