

Case Number:	CM15-0211537		
Date Assigned:	10/30/2015	Date of Injury:	05/17/2011
Decision Date:	12/18/2015	UR Denial Date:	10/13/2015
Priority:	Standard	Application Received:	10/28/2015

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, New York, California

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 applicant is a represented 55-year-old who has filed a claim for chronic hand, wrist, neck, and shoulder pain reportedly associated with an industrial injury of May 17, 2011. In a Utilization Review report dated October 30, 2015, the claims administrator failed to approve requests for Lidoderm patches and Norflex. A September 23, 2015 office visit was referenced in the determination. On said September 26, 2015 office visit note, the applicant reported ongoing issues with low back pain radiating to the right lower extremity, unchanged from the preceding visit. The applicant contended that gabapentin, Butrans, ketamine cream, Prozac, Effexor, Neurontin, and Cymbalta had all been tried in the past, without profit. The attending provider also contended that Flexeril had proven ineffectual. The note was 9 pages long and mingled historical issues with current issues to a considerable extent. While the attending provider stated in one section of note that the applicant had developed side effects, including dry mouth, with Effexor, the attending provider then stated toward the bottom of the note that he encouraged the applicant to continue Effexor. The applicant was noted to have significant issues with psychological overlay present. Norflex on a twice daily basis was sought, along with continued usage of a TENS unit. Lidoderm patches were seemingly endorsed on a trial basis on this date. A progress note of August 12, 2015 was notable for commentary to the effect the applicant was using Protonix, Neurontin, Tylenol, and unspecified anti-depressants as of that point in time.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retro Lidoderm 5% patch #30 with a dos of 9/23/2015: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

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

Decision rationale: Yes, the request for Lidoderm patches was medically necessary, medically appropriate, and indicated here. As noted on page 112 of the MTUS Chronic Pain Medical Treatment Guidelines, topical lidocaine is recommended as an option in the treatment of localized peripheral pain or neuropathic pain in applicants in whom there has been a trial of the first-line therapy with anti-depressants and/or anti-convulsants. Here, the attending provider's September 26, 2015 office visit seemingly suggested that the applicant had failed a variety of anti-depressant adjunct medications and/or anti-convulsant adjunct medications to include Effexor, Neurontin, Prozac, Cymbalta etc., without profit. Introduction of the Lidoderm patches in question was, thus, indicated on or around the date in question. Therefore, the request was medically necessary.

Retro Orphenadrine-Norflex #90 with a dos of /23/2015: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

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

Decision rationale: Conversely, the request for orphenadrine (Norflex), a muscle relaxant, was not medically necessary, medically appropriate, or indicated here. While page 63 of the MTUS Chronic Pain Medical Treatment Guidelines does acknowledge that muscle relaxants such as orphenadrine (Norflex) are recommended with caution for short-term treatment of acute exacerbations of chronic low back pain, here, however, the 90-tablet supply of Norflex at issue implied chronic, long-term, and/or thrice daily usage of the same, i.e., usage at odds with the short-term role for which muscle relaxants are espoused, per page 63 of the MTUS Chronic Pain Medical Treatment Guidelines. Therefore, the request was not medically necessary.