

Case Number:	CM15-0212295		
Date Assigned:	11/02/2015	Date of Injury:	03/11/2013
Decision Date:	12/11/2015	UR Denial Date:	09/30/2015
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: North Carolina

Certification(s)/Specialty: Family Practice

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 43 year old female who sustained an industrial injury on 3-11-13. Working modified duty. Medical records indicate that the injured worker has been treated for seizures; depression; migraines; thoracic, lumbar neuritis, radiculitis; displaced lumbar intervertebral disc; disturbance in skin sensation; muscle spasms; L5-S1 herniated nucleus pulposus with lumbar radiculopathy. She currently (9-23-15) complains of constant lower back pain, right greater than left with radiation to the hemipelvis with a pain level of 3-5 out of 10. She has difficulty with activities of daily living including bathing and self-care. She reports that Skelaxin is helpful at night with recovery from the day's activities and uses during the day intermittently for pain and spasm. Lidoderm treats the burning, paresthetic ache and improves sleep and recovery. The physical exam of the lumbar spine revealed tenderness to palpation at the right lumbar and lumbosacral junction, limited range of motion. Treatments to date include medication Fiorinal-Codeine, Depakote, Prozac, Skelaxin, ibuprofen, Lidoderm; ice and heat with benefit; rest; physical therapy with benefit; L5-S1 discectomy (3-2012). The request for authorization dated 9-24-15 was for Skelaxin 800mg #90 with 3 refills; Lidoderm 5% patch #90 with 2 refills. On 9-30-15 Utilization Review non-certified the requests for Skelaxin 800mg #90 with 3 refills, modified to #20; Lidoderm 5% patch #90 with 2 refills.

IMR ISSUES, DECISIONS AND RATIONALES

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

Skelaxin 800 mg #90 with 3 refills: 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 California chronic pain medical treatment guidelines section on muscle relaxants states: Recommend non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic LBP. (Chou, 2007) (Mens, 2005) (Van Tulder, 1998) (Van Tulder, 2003) (Van Tulder, 2006) (Schnitzer, 2004) (See, 2008) Muscle relaxants may be effective in reducing pain and muscle tension, and increasing mobility. However, in most LBP cases, they show no benefit beyond NSAIDs in pain and overall improvement. Also there is no additional benefit shown in combination with NSAIDs. Efficacy appears to diminish over time, and prolonged use of some medications in this class may lead to dependence. (Homik, 2004) (Chou, 2004) This medication is not intended for long-term use per the California MTUS. The medication has not been prescribed for the flare-up of chronic low back pain, but rather for ongoing and chronic back pain. This is not an approved use for the medication. For these reasons, criteria for the use of this medication have not been met. Therefore the request is not medically necessary.

Lidoderm 5% patch #90 with 2 refills: 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: The California chronic pain medical treatment guidelines section on topical lidocaine states: Lidocaine Indication: Neuropathic pain 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). The FDA for neuropathic pain has designated topical lidocaine, in the formulation of a dermal patch (Lidoderm) for orphan status. This medication is recommended for localized peripheral pain. The patient does have peripheral pain in the form of lumbar radiculopathy however the patient has no documented failure of all first line agents indicated for the treatment of neuropathic pain as outlined above. Therefore criteria as set forth by the California MTUS as outlined above have not been met and the request is not medically necessary.