

Case Number:	CM15-0215411		
Date Assigned:	11/05/2015	Date of Injury:	03/28/2011
Decision Date:	12/24/2015	UR Denial Date:	10/05/2015
Priority:	Standard	Application Received:	11/02/2015

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 [REDACTED] employee who has filed a claim for chronic neck pain reportedly associated with an industrial injury of March 28, 2011. In a Utilization Review report dated October 5, 2015, the claims administrator failed to approve requests for cyclobenzaprine and topical Lidoderm. The claims administrator referenced an August 21, 2015 office visit in its determination. The applicant's attorney subsequently appealed. On said August 21, 2015 office visit, the applicant reported ongoing issues with neck pain radiating to the left arm. The applicant was asked to continue Relafen, Flexeril, Prilosec, and Lidoderm patches. The applicant was asked to continue his usual and customary work, the treating provider stated in one section of the note. Six sessions of physical therapy and myofascial release therapy were sought. The attending provider suggested that the applicant employ Flexeril on a daily basis. The attending provider stated that he offered the applicant Neurontin but that the applicant declined the same.

IMR ISSUES, DECISIONS AND RATIONALES

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

Flexeril 10mg, #30 with 2 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): Cyclobenzaprine (Flexeril).

Decision rationale: No, the request for Flexeril (cyclobenzaprine) was not medically necessary, medically appropriate, or indicated here. As noted on page 41 of the MTUS Chronic Pain Medical Treatment Guidelines, the addition of cyclobenzaprine or Flexeril to other agents is deemed not recommended. Here, the applicant was, in fact, using a variety of other agents, the treating provider acknowledged on the August 21, 2015 office visit at issue, including Relafen, Lidoderm patches, etc. The addition of cyclobenzaprine or Flexeril to the mix was not indicated, per page 41 of the MTUS Chronic Pain Medical Treatment Guidelines. The 30-tablet, 2-refill supply of Flexeril at issue, moreover, represented treatment in excess of the short course of therapy for which cyclobenzaprine is recommended, per page 41 of the MTUS Chronic Pain Medical Treatment Guidelines. Therefore, the request was not medically necessary.

Lidoderm 5% patch, #30 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: Similarly, the request for topical Lidoderm patches was likewise not medically necessary, medically appropriate, or indicated here. While page 112 of the MTUS Chronic Pain Medical Treatment Guidelines does acknowledge that topical lidocaine is indicated in the treatment of localized peripheral pain or neuropathic pain in applicants in whom there has been a trial of first-line therapy with antidepressants and/or anticonvulsants. Here, however, the attending provider's August 21, 2015 office visit acknowledged that the applicant had in fact declined to employ gabapentin (Neurontin) on a trial basis. Therefore, the request was not medically necessary.