

Case Number:	CM15-0216343		
Date Assigned:	11/06/2015	Date of Injury:	09/19/2014
Decision Date:	12/23/2015	UR Denial Date:	10/12/2015
Priority:	Standard	Application Received:	11/03/2015

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, District of Columbia, Maryland
 Certification(s)/Specialty: Anesthesiology, Pain Management

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 female, who sustained an industrial injury on 09-19-2014. She has reported injury to the right ankle and low back. The diagnoses have included lumbar disc displacement; lumbar disc degeneration; lumbar radiculitis; and chronic pain. Treatment to date has included medications, diagnostics, activity modification, acupuncture, physical therapy, and home exercise program. Medications have included Ibuprofen ointment, Lidoderm patch, and Cyclobenzaprine. A progress report from the treating physician, dated 09-17-2015, documented an evaluation with the injured worker. The injured worker reported intermittent low back pain; the pain radiates down the right lower extremity; the pain is accompanied by numbness intermittently in the right lower extremity to the level of the hip, to the level of the thigh, to the level of the knee, to the level of the calf, to the level of the foot, to the level of the toes; the pain is described as aching, dull, and moderate to severe in severity; the pain is rated as 5 out of 10 in intensity on average with medications since the last visit; the pain is rated as 5 out of 10 in intensity on average without medications since the last visit; her pain is unchanged since her last visit; she has one more session of acupuncture, which is "helpful"; and she has "great relief with Ibuprofen ointment and Lidoderm patches". Objective findings included she is alert, oriented, and not in distress; normal gait; spasm is noted at L4-S1; tenderness was noted upon palpation in the spinal vertebral area L4-S1 levels; pain was significantly increased with flexion and extension; sensory exam shows decreased sensitivity to touch in the right lower extremity; and straight leg raise in the seated position was positive on the right for radicular pain. The provider has noted that "this patient has previously used Lidoderm

patch, which has been effective in providing increased function and improved pain control while reducing the need to escalate opioid medications" and "the patient is intolerant to oral NSAIDs (non-steroidal anti-inflammatory drugs)". The treatment plan has included the request for Enovarx-Ibuprofen 10% kit; apply as directed, #1; Lidoderm 5% patch, #30; and Cyclobenzaprine 7.5mg, #30. The original utilization review, dated 10-12-2015, non-certified the request for Enovarx-Ibuprofen 10% kit, apply as directed, #1; Lidoderm 5% patch, #30; and Cyclobenzaprine 7.5mg, #30.

IMR ISSUES, DECISIONS AND RATIONALES

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

Enovarx-Ibuprofen 10% kit, apply as directed, #1: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): NSAIDs (non-steroidal anti-inflammatory drugs).

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

Decision rationale: With regard to topical NSAID agents, the MTUS CPMTG states: "These medications may be useful for chronic musculoskeletal pain, but there are no long-term studies of their effectiveness or safety. Indications: Osteoarthritis and tendinitis, in particular, that of the knee and elbow or other joints that are amenable to topical treatment: Recommended for short-term use (4-12 weeks)." Per the guidelines, the indications of this medication are limited to joints that are amenable to topical treatment. While it is noted that the injured worker suffers from ankle pain, per the guidelines topical NSAIDs are recommended only for short-term use. Per the documentation submitted for review, the injured worker has been using this medication since at least 7/2015. The request is not medically necessary.

Lidoderm 5% patch, #30: 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 MTUS Chronic Pain Medical Treatment Guidelines p112 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. Lidoderm is also used off-label for diabetic neuropathy. No other commercially approved topical formulations of lidocaine (whether creams, lotions or gels) are indicated for neuropathic pain. The medical records submitted for review do not indicate that there has been a trial of first-line therapy (tri-cyclic or SNRI antidepressants or an AED). There is also no diagnosis of diabetic neuropathy or post-herpetic neuralgia. As such, lidoderm is not recommended at this time. The request is not medically necessary.

Cyclobenzaprine 7.5mg, #30: Upheld

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

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

Decision rationale: With regard to muscle relaxants, the MTUS CPMTG 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." Regarding Cyclobenzaprine: "Recommended for a short course of therapy. Limited, mixed-evidence does not allow for a recommendation for chronic use. Cyclobenzaprine is a skeletal muscle relaxant and a central nervous system depressant with similar effects to tricyclic antidepressants (e.g. amitriptyline). Cyclobenzaprine is more effective than placebo in the management of back pain, although the effect is modest and comes at the price of adverse effects." Per p41 of the MTUS guidelines, the effect is greatest in the first 4 days of treatment, suggesting that shorter courses may be better. Treatment is recommended for the treatment of acute spasm limited to a maximum of 2-3 weeks. UDS that evaluate for cyclobenzaprine can provide additional data on whether the injured worker is compliant, however in this case there is no UDS testing for cyclobenzaprine. The documentation submitted for review indicates that the injured worker has been using this medication since at least 9/2015. There is no documentation of the patient's specific functional level or percent improvement with treatment with cyclobenzaprine. As it is recommended only for short-term use, medical necessity cannot be affirmed.