

Case Number:	CM15-0217544		
Date Assigned:	11/09/2015	Date of Injury:	03/08/2009
Decision Date:	12/29/2015	UR Denial Date:	10/27/2015
Priority:	Standard	Application Received:	11/04/2015

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] beneficiary who has filed a claim for chronic low back, leg, and ankle pain reportedly associated with an industrial injury of March 8, 2009. In a Utilization Review report dated October 27, 2015, the claims administrator failed to approve requests for cyclobenzaprine, Lidoderm patches, and trigger point injections. The claims administrator referenced an October 7, 2015 office visit in its determination. The applicant's attorney subsequently appealed. On said October 7, 2015 office visit, Flexeril, Lidoderm patches, and Nexium were all seemingly renewed. The applicant was asked to follow up with a spine surgeon. Trigger point injection was performed in the clinic. Physical therapy was sought. Ongoing complaints of low back pain radiating to the knees, legs, and thighs were reported, with associated complaints of lower extremity weakness, the treating provider reported. The applicant reported pain score as 9/10. Lifting, walking, and sitting remain problematic, the treating provider reported. The applicant's medications included Nexium, Lamictal, Norco, Prilosec, Zofran, Flexeril, Singulair, prednisone, QVAR, Lidoderm patches, and vitamins, the treating provider stated in another section of the note. Trigger point injections were performed. The applicant's work status was not clearly reported.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cyclobenzaprine HCL 10 mg Qty 30 with 2 refills: Upheld

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

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

Decision rationale: No, the request for cyclobenzaprine (Flexeril) 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, however, the applicant was using variety of other agents including, Norco, Zofran, Lamictal, etc., the treating provider acknowledged on the October 7, 2015 office visit at issue. The addition of cyclobenzaprine or Flexeril to the mix was not recommended, per page 41 of the MTUS Chronic Pain Medical Treatment Guidelines. It is further noted that the 30-tablet, 2-refill supply of cyclobenzaprine at issue, in and of itself, 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.

Lidocaine 5% patch Qty 30 with 1 refill: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Lidoderm (lidocaine patch).

MAXIMUS guideline: Decision based on MTUS General Approaches 2004, Section(s): Initial Approaches to Treatment, and Chronic Pain Medical Treatment 2009, Section(s): Introduction, 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 and neuropathic pain in applicants in whom there has been a trial of first-line therapy of anti-depressants and/or anti-convulsants, this recommendation is, however, qualified by commentary made on page 7 of the MTUS Chronic Pain Medical Treatment Guidelines and on page 47 of the ACOEM Practice Guidelines to the effect that an attending provider should incorporate some discussion of "efficacy of medication" into his choice of recommendations. Here, however, the applicant's work status was not clearly reported on October 7, 2015, suggesting the applicant was not, in fact, working. Pain complaints as high as 9/10 were reported. Activities as basic as lifting, walking, and sitting remain problematic, the treating provider reported on that date. Ongoing usage of Lidoderm patches failed to curtail the applicant's dependence on opioid agents such as Norco, the treating provider acknowledged. All of the foregoing, taken together, suggested a lack of functional improvement as defined in MTUS 9792.20e despite ongoing usage of the same. Therefore, the request was not medically necessary.

Trigger Point Injections, Qty 1: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Trigger point injections.

Decision rationale: Finally, the request for trigger point injections performed on October 7, 2015 was likewise not medically necessary, medically appropriate, or indicated here. As noted on page 122 of the MTUS Chronic Pain Medical Treatment Guidelines, trigger point injections are "not recommended" in the radicular pain context present here. Here, the applicant was described as having right-sided sciatica, it was reported in the diagnoses section of the October 7, 2015 office visit while other sections of the said October 7, 2015 office visit stated that the applicant had ongoing issues of lower extremity weakness and lower extremity paresthesias present. Trigger point injection therapy was not, thus, indicated in the radicular pain context present here. Therefore, the request was not medically necessary.