

Case Number:	CM15-0220373		
Date Assigned:	11/16/2015	Date of Injury:	08/17/2012
Decision Date:	12/30/2015	UR Denial Date:	11/02/2015
Priority:	Standard	Application Received:	11/10/2015

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, California
 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:

This is a 50 year old female patient, who sustained an industrial injury on 08-17-2012. She has reported injury to the right shoulder. The diagnoses have included right shoulder impingement syndrome; status post right shoulder arthroscopy, on 08-15-2014; left shoulder strain; lumbar spine sprain-strain; and right hip (trochanteric) bursitis. She sustained the injury due to repetitive motions. Per the progress report from the treating provider, dated 10-06-2015, she had complaints of pain in the shoulders, low back, the elbows, and right hip; rated at 4 out of 10 in intensity; and difficulty sleeping. Objective findings included gait within normal limits; difficulty with toe walk; able to heel walk; limited lumbar range of motion; right shoulder tenderness at the acromion, subacromial bursa; and limited right shoulder range of motion. Medications have included Naproxen and Lidoderm patch. Her surgical history includes right shoulder surgery on 8/15/14, tubal ligation in 1992 and bladder surgery on 4/23/14. Treatment to date has included medications, diagnostics, physical therapy, home exercise program, and surgical intervention. The treatment plan has included the request for 30 tablets of Flexeril 5mg; and 10 patches of Lidoderm 5%. The original utilization review, dated 11-02-2015, non-certified the request for 30 tablets of Flexeril 5mg; and 10 patches of Lidoderm 5%.

IMR ISSUES, DECISIONS AND RATIONALES

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

30 Tablets of Flexeril 5mg: Overturned

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): Muscle relaxants (for pain), Cyclobenzaprine (Flexeril).

Decision rationale: 30 Tablets of Flexeril 5mg. Cyclobenzaprine is a skeletal muscle relaxant and a central nervous system (CNS) depressant. According to California MTUS, Chronic pain medical treatment guidelines, Cyclobenzaprine is recommended for a short course of therapy. Limited, mixed-evidence does not allow for a recommendation for chronic use Cyclobenzaprine is more effective than placebo in the management of back pain. According to the records provided the patient had pain in the shoulders, low back, the elbows, and right hip and difficulty sleeping. The patient has objective findings on the physical exam, difficulty with toe walk; able to heel walk; limited lumbar range of motion; right shoulder tenderness at the acromion, subacromial bursa; and limited right shoulder range of motion. She has a history of right shoulder surgery. The patient has significant chronic pain with abnormal objective exam findings along with difficulty sleeping. According to the cited guidelines cyclobenzaprine is recommended for short term therapy. Short term or prn use of cyclobenzaprine in this patient for acute exacerbations would be considered reasonable appropriate and necessary. The request for 30 Tablets of Flexeril 5mg is medically appropriate and necessary to use as prn during acute exacerbations.

30 Patches of Lidoderm 5%: 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): Lidoderm (lidocaine patch), Topical Analgesics.

Decision rationale: 30 Patches of Lidoderm 5%. According to the MTUS Chronic Pain Guidelines regarding topical analgesics state that the use of topical analgesics is largely experimental in use with few randomized controlled trials to determine efficacy or safety, primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. There is little to no research to support the use of many of these agents. According to the MTUS Chronic Pain Guidelines “Topical lidocaine may be recommended for localized peripheral pain after there has been evidence of a trial of first-line therapy (tri-cyclic or SNRI antidepressants or an AED such as gabapentin or Lyrica). This is not a first-line treatment and is only FDA approved for post-herpetic neuralgia.” MTUS guidelines recommend topical analgesics for neuropathic pain only when trials of antidepressants and anticonvulsants have failed to relieve symptoms. Failure of anticonvulsant and antidepressant is not specified in the records provided. Intolerance to oral medications is not specified in the records provided. Evidence of post-herpetic neuralgia is not specified in the records provided. The medical necessity of 30 Patches of Lidoderm 5% is not fully established for this patient.