

Case Number:	CM15-0222412		
Date Assigned:	11/18/2015	Date of Injury:	02/04/1987
Decision Date:	12/31/2015	UR Denial Date:	10/20/2015
Priority:	Standard	Application Received:	11/12/2015

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
 Certification(s)/Specialty: Emergency 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 injured worker is a 50 year old male who sustained an industrial injury on 2-4-87. A review of the medical records indicates he is undergoing treatment for chronic right L5 radiculopathy, L4-5 disc bulge on MRI impinging right L5 nerve root, L4-5 annular tear on MRI, failed back surgical syndrome - status post L5-S1 laminectomy, lumbar spondylosis, chronic pain syndrome, and opioid dependence. Medical records (9-17-15) indicate complaints of bilateral low back pain, affecting the right side greater than the left that radiates to the buttocks, down the posterior thigh and calf, to the foot. Associated numbness and tingling of the right foot, as well as weakness in the right greater than left lower extremity are noted. He rates the pain "8 out of 10". The provider indicates that his pain is "80% right lower extremity and 20% low back". The physical exam reveals that cranial nerve function is "grossly intact bilaterally". Gait, toe and heel walking are "normal". Strength in all major muscle groups of the lower extremities are "normal" except for decreased strength along the right L5 musculature, which is rated "4 out of 5". Bilateral upper and lower extremity reflexes are "physiologic and symmetric". Sensation is "normal" to light touch throughout the lower extremities, except for decreased sensation over the posterior right calf. The straight leg raise is negative bilaterally. "Normal" range of motion is noted of the spine. Tenderness is noted to palpation over the lower lumbar facets. Joint range of motion is "full and pain-free" without laxity or instability in all major joints in all four extremities. Diagnostic studies have included urine drug screening - consistent results 2-16-15, and an MRI of the lumbar spine. Treatment has included "epidurals", activity modification, use of ice and heat, acupuncture, a back brace, physical therapy, and medications. His medications

include Trazodone, Aleve, Lidoderm patches, Norco, Gabapentin, and Skelaxin. The length of time that the injured worker has been receiving the medications is unknown, as only one progress record is provided. The utilization review (10-20-15) includes requests for authorization of Lidoderm patches (3 patches at once worn 12 hours, quantity unspecified with no refills and Skelaxin 800mg twice daily #60 with no refills. Both requests were denied.

IMR ISSUES, DECISIONS AND RATIONALES

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

7 Lidoderm patches, 3 patches worn at once, worn 12 hours: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

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

Decision rationale: The requested 7 Lidoderm patches, 3 patches worn at once, worn 12 hours is not medically necessary. CA MTUS Chronic Pain Treatment Guidelines, Lidoderm, Pages 56-57, note that "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 anti-depressants or an AED such as gabapentin or Lyrica)". It is not considered first-line therapy and only FDA approved for post-herpetic neuralgia. The injured worker has bilateral low back pain, affecting the right side greater than the left that radiates to the buttocks, down the posterior thigh and calf, to the foot. Associated numbness and tingling of the right foot, as well as weakness in the right greater than left lower extremity are noted. He rates the pain "8 out of 10". The provider indicates that his pain is "80% right lower extremity and 20% low back". The physical exam reveals that cranial nerve function is "grossly intact bilaterally". Gait, toe and heel walking are "normal". Strength in all major muscle groups of the lower extremities are "normal" except for decreased strength along the right L5 musculature, which is rated "4 out of 5". Bilateral upper and lower extremity reflexes are "physiologic and symmetric". Sensation is "normal" to light touch throughout the lower extremities, except for decreased sensation over the posterior right calf. The straight leg raise is negative bilaterally. "Normal" range of motion is noted of the spine. Tenderness is noted to palpation over the lower lumbar facets. Joint range of motion is "full and pain-free" without laxity or instability in all major joints in all four extremities. The treating physician has not documented objective evidence of functional improvement from the previous use of this topical agent. The criteria noted above not having been met, 7 Lidoderm patches, 3 patches worn at once, worn 12 hours is not medically necessary.

Skelaxin 800mg twice a day quantity 60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

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

Decision rationale: The requested Skelaxin 800mg twice a day quantity 60, is not medically necessary. CA MTUS Chronic Pain Treatment Guidelines, Muscle Relaxants, Page 63-66, do not recommend muscle relaxants as more efficacious than NSAIDs and do not recommend use of muscle relaxants beyond the acute phase of treatment. The injured worker has bilateral low back pain, affecting the right side greater than the left that radiates to the buttocks, down the posterior thigh and calf, to the foot. Associated numbness and tingling of the right foot, as well as weakness in the right greater than left lower extremity are noted. He rates the pain "8 out of 10". The provider indicates that his pain is "80% right lower extremity and 20% low back". The physical exam reveals that cranial nerve function is "grossly intact bilaterally". Gait, toe and heel walking are "normal". Strength in all major muscle groups of the lower extremities are "normal" except for decreased strength along the right L5 musculature, which is rated "4 out of 5". Bilateral upper and lower extremity reflexes are "physiologic and symmetric". Sensation is "normal" to light touch throughout the lower extremities, except for decreased sensation over the posterior right calf. The straight leg raise is negative bilaterally. "Normal" range of motion is noted of the spine. Tenderness is noted to palpation over the lower lumbar facets. Joint range of motion is "full and pain-free" without laxity or instability in all major joints in all four extremities. The treating physician has not documented duration of treatment, spasticity or hypertonicity on exam, intolerance to NSAID treatment, or objective evidence of derived functional improvement from its previous use. The criteria noted above not having been met, Skelaxin 800mg twice a day quantity 60 is not medically necessary.