

Case Number:	CM15-0030336		
Date Assigned:	02/24/2015	Date of Injury:	01/06/2013
Decision Date:	04/01/2015	UR Denial Date:	02/05/2015
Priority:	Standard	Application Received:	02/18/2015

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: New York
Certification(s)/Specialty: Internal 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 female, who sustained an industrial injury on January 6, 2013. The injured worker had reported a low back injury. The diagnoses have included chronic thoracic and lumbar myofascial syndrome, left greater than the right and sciatica. Treatment to date has included medications, x-rays and a home exercise program. Current documentation dated January 21, 2015 notes that the injured worker complained of low back pain which radiated into the left knee, which was increased with prolonged walking. Physical examination of the lumbar spine revealed tenderness, a decreased range of motion and a positive straight leg raise test. On February 5, 2105 Utilization Review non-certified a request for retrospective Lidocaine 5% Patches # 20 and retrospective Skelaxin 800 mg # 90. Retrospective date was January 21, 2015. The MTUS, Chronic Pain Medical Treatment Guidelines, were cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective (DOS 1/21/15) Lidocaine 5% patch Qty 20.00: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113.

Decision rationale: There is no documentation provided necessitating use of the requested topical medication. Per California MTUS Guidelines topical analgesics are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. These agents are applied topically to painful areas with advantages that include lack of systemic side effects, absence of drug interactions, and no need to titrate. Many agents are compounded as monotherapy or in combination for pain control (including NSAIDs, opioids, capsaicin, local anesthetics, antidepressants, glutamate receptor antagonists, alpha-adrenergic receptor agonist, adenosine, cannabinoids, cholinergic receptor agonists, γ agonists, prostanoids, bradykinin, adenosine triphosphate, biogenic amines, and nerve growth factor) Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. In this case there is no documentation provided necessitating the use of Lidocaine patches. Per California MTUS 2009 Guidelines Lidoderm is recommended for localized peripheral pain after there has been evidence of a trial of first-line therapy (tricyclic or SNRI anti-depressants or an anticonvulsant medication such as gabapentin or Lyrica. The medication is only FDA approved for post-herpetic neuralgia. There is no documentation of intolerance to other previous treatments. Medical necessity for the requested topical medications has not been established. The requested treatments are not medically necessary.

Retrospective (DOS 1/21/15) Skelaxin 800mg Qty 90.00: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxant Page(s): 64-66.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines CA MTUS- Muscle Relaxants Page(s): 41.

Decision rationale: Per California MTUS Treatment Guidelines, muscle relaxants not recommended for the long-term treatment of low back pain. They should only be used short term for acute exacerbations of chronic pain. These medications have their greatest effect in the first week of treatment. The documentation did not indicate palpable muscle spasms and there is no documentation of functional improvement from any previous use of this medication. Per CA MTUS Guidelines muscle relaxants are not considered any more effective than nonsteroidal anti-inflammatory medications alone. Based on the currently available information, the medical necessity for this muscle relaxant medication has not been established. The requested medication is not medically necessary.