

Case Number:	CM15-0032522		
Date Assigned:	02/26/2015	Date of Injury:	07/03/2003
Decision Date:	04/15/2015	UR Denial Date:	01/22/2015
Priority:	Standard	Application Received:	02/20/2015

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 69 year old female, who sustained an industrial injury on 7/03/2003. The diagnoses have included L5-S1 grade 1 spondylolisthesis. Treatment to date has included aquatic therapy, activity modifications and medications. She is status post decompression and fusion 5/01/2014. Currently, the IW complains of low back pain. Objective findings included difficulty walking, changing position and getting onto the exam table. The motion is restricted and does cause painful symptoms. There is muscle spasm present. Her gait is antalgic. On 1/22/2015, Utilization Review non-certified a request for Lidoderm patch 5% #90, Topamax 25mg #60 and Flexeril 10mg #60 noting that the clinical information submitted for review fails to meet the evidence based guidelines for the requested service. The MTUS and ODG were cited. On 2/20/2015, the injured worker submitted an application for IMR for review of Lidoderm patch 5% #90, Topamax 25mg #60 and Flexeril 10mg #60.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lidoderm patch 5%, apply to site 12 hours on/12 hours off, #90, no refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Chapter: Criteria for use of Lidoderm patches.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Lidocaine Page(s): 56.

Decision rationale: The California MTUS guidelines support the use of topical lidocaine for individuals with neuropathic pain and that have failed treatment with first-line therapy including antidepressants or anti-epilepsy medications. The most recent progress note dated January 6, 2015 does not include any complaints or physical examination findings of a neuropathy nor is there any documentation of failure of a first-line agent. As such, this request for lidocaine patches is not medically necessary.

Topamax 25mg, one tab by mouth two times per day, #60 no refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antiepilepsy drugs (AEDs).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anticonvulsants Page(s): 16, 21.

Decision rationale: The California MTUS supports the use of anticonvulsants, but notes that Topiramate may be used as a 2nd line agent after other anti-convulsants have been trialed and failed. Based on the clinical documentation provided, there is no indication that other anti-convulsants have been trialed nor are there any current complaints or physical examination findings of a neuropathy. For these reasons, this request for Topamax is not medically necessary.

Flexeril 10mg, one tab by mouth two times per day, #60, no refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants Page(s): 47. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Cyclobenzaprine (Flexeril).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Flexeril Page(s): 41.

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." The patient is not being treated for an acute exacerbation of chronic back pain, so the requested treatment is not medically necessary.