

Case Number:	CM15-0040136		
Date Assigned:	04/09/2015	Date of Injury:	04/03/2006
Decision Date:	05/06/2015	UR Denial Date:	02/11/2015
Priority:	Standard	Application Received:	03/03/2015

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 41-year-old who has filed a claim for chronic low back pain (LBP) with derivative complaints of psychological stress reportedly associated with an industrial injury of April 3, 2006. In a Utilization Review report dated February 11, 2015, the claims administrator partially approved a request for Lexapro, partially approved a request for Norflex, and denied a request for Lidoderm patches. Office visits of January 13, 2015 and February 5, 2015 were referenced in the determination. The partial approvals were issued apparently for tapering or weaning purposes. The applicant's attorney subsequently appealed. On March 11, 2015, the applicant reported persistent complaints of low back pain radiating to the leg. The attending provider stated that the applicant was waiting for a work hardening program. The claimant was also considering returning to school in an effort to find alternate employment. The applicant reported 5/10 pain with medications versus 7/10 pain without medications. The applicant's medication list included Mobic, Norco, Norflex, Lexapro, and Lidoderm patches. The applicant reported anxiety and insomnia in the review of systems section of the note. Lexapro, Lidoderm, Mobic, Norco, and Norflex were endorsed, seemingly as renewal prescriptions, it was suggested. The applicant had undergone earlier failed lumbar spine surgery, it was acknowledged. On February 19, 2015, the applicant was described as having issues with dysthymia and generalized anxiety disorder. The applicant was reportedly using Mobic, Norflex, Lidoderm, Lexapro, and Norco on an earlier progress note of February 10, 2015, it was acknowledged. Lexapro, Lidoderm, Mobic, and Norco were renewed via an RFA form dated February 5, 2015. On December 15, 2014, the applicant was, once again, described as using Norco, Lidoderm, Mobic,

Lexapro, and Norflex. Ongoing complaints of low back pain were reported, 4/10 with medications versus 6/10 pain without medications.

IMR ISSUES, DECISIONS AND RATIONALES

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

Escitalopram 10mg QTY: 30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines SSRIs (selective serotonin reuptake inhibitors) Page(s): 107. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain, Anxiety medications in chronic pain.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions Page(s): 402.

Decision rationale: No, the request for escitalopram (Lexapro), an SSRI antidepressant, was not medically necessary, medically appropriate, or indicated here. While the MTUS Guideline in ACOEM Chapter 15, page 402 does acknowledge that antidepressants often take weeks to exert their maximal effect, in this case, however, the applicant has seemingly been using Lexapro (escitalopram), an SSRI antidepressant, for what appears to be a minimum of several months. It does not appear that ongoing usage of Lexapro has attenuated the applicant's depressive symptoms, symptoms of anxiety, and/or issues with insomnia. The attending provider's documentation, including progress notes of February and March 2015, did not contain any discussion on medication efficacy insofar as Lexapro was concerned. Therefore, the request was not medically necessary.

Lidoderm patches QTY: 30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical analgesics Page(s): 111-112.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Lidocaine Page(s): 112.

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 Lidoderm patches are indicated in the treatment of localized peripheral pain or neuropathic pain in applicants in whom there has been a trial of first-line therapy with antidepressants and/or anticonvulsants, in this case, however, there was no mention of the applicant's having failed antidepressant adjuvant medications and/or anticonvulsant adjuvant medications prior to introduction, selection, and/or ongoing usage of the Lidoderm patches at issue. Therefore, the request was not medically necessary.

Orphenadrine citrate ER 100mg, QTY: 30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antispasmodics Page(s): 65.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain) Page(s): 63.

Decision rationale: Finally, the request for orphenadrine (Norflex), a muscle relaxant, was not medically necessary, medically appropriate, or indicated here. While page 63 of the MTUS Chronic Pain Medical Treatment Guidelines does acknowledge that muscle relaxants such as orphenadrine (Norflex) are indicated for short-term use purposes, to combat acute exacerbations of chronic low back pain, in this case, however, the 30-tablet supply of orphenadrine at issue represents chronic, long-term, and daily usage of the same. Such usage, however, is incompatible with the short-term role for which muscle relaxants are espoused, per page 63 of the MTUS Chronic Pain Medical Treatment Guidelines. Therefore, the request was not medically necessary.