

Case Number:	CM15-0043886		
Date Assigned:	03/13/2015	Date of Injury:	10/20/2000
Decision Date:	04/23/2015	UR Denial Date:	02/25/2015
Priority:	Standard	Application Received:	03/09/2015

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: Physical Medicine & Rehabilitation

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 44 year old male, who sustained an industrial injury on 10/20/2000. He reported pain in his back and buttock areas. The injured worker is currently diagnosed as having lumbosacral sprain and sciatica. Treatment to date has included MRI of the lumbar and thoracic spine, physical therapy, and medications. In a progress note dated 01/27/2015, the injured worker presented with complaints of increased back pain which radiates up into his shoulders. The treating physician reported requesting authorization for MRI of bilateral hips, physical therapy or chiropractic treatment, Skelaxin, Tolectin, and Lidocaine patches.

IMR ISSUES, DECISIONS AND RATIONALES

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

Unknown prescription of Lidocaine patch: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Lidoderm (lidocaine patch).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines topical lidocaine Page(s): 56-57, 112. Decision based on Non-MTUS Citation Official disability guidelines Pain chapter, lidoderm.

Decision rationale: The patient presents with increased back pain which radiates up into his shoulders. The request is for Unknown Prescription of Lidocaine Patch. The RFA is not provided. Patient's diagnosis included lumbosacral sprain and sciatica. The patient is to return to full duty. MTUS guidelines page 57 states, "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)." MTUS Page 112 also states, "Lidocaine Indication: Neuropathic pain Recommended for localized peripheral pain." When reading ODG guidelines, it specifies that lidoderm patches are indicated as a trial if there is "evidence of localized pain that is consistent with a neuropathic etiology." ODG further requires documentation of the area for treatment, trial of a short-term use with outcome documenting pain and function. The patient presents with pain consistent with a neuropathic etiology; however, the patient does not present with localized peripheral neuropathic pain which is a criteria required for Lidocaine patch use. Shoulder is not a peripheral joint and these patches are not indicated for low back pain or axial chronic pain. The request is not medically necessary.

1 prescription of Skelaxin 800mg: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Metaxalone (Skelaxin); Muscle relaxants (for pain).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Pain Outcomes and Endpoints skelaxin Page(s): 8-9, 61.

Decision rationale: The patient presents with increased back pain which radiates up into his shoulders. The request is for 1 Prescription of Skelaxin 800mg. The RFA is not provided. Patient's diagnosis included lumbosacral sprain and sciatica. The patient is to return to full duty. MTUS p61 regarding skelaxin states, "Recommended with caution as a second-line option for short-term pain relief in patients with chronic LBP. Metaxalone (marketed by King Pharmaceuticals under the brand name Skelaxin) is a muscle relaxant that is reported to be relatively non-sedating. See Muscle relaxants for more information and references." MTUS Chronic Pain Medical Treatment Guidelines, pg 8 under Pain Outcomes and Endpoints states: "When prescribing controlled substances for pain, satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life". The most recent progress reports provided are handwritten, illegible, and hard to interpret. In regards to the request for Skelaxin, the treater has not specified a duration of therapy or quantity. It is not known when the patient started taking the medication and there are no clear discussions regarding efficacy. While the patient presents with back pain, due to lack of sufficient information required for assessment, the request cannot be considered to be in accordance with the guidelines. The guidelines only support short-term use of this medication and the request does not specify this. The request is not medically necessary.