

Case Number:	CM15-0046087		
Date Assigned:	03/18/2015	Date of Injury:	08/02/2008
Decision Date:	04/24/2015	UR Denial Date:	02/24/2015
Priority:	Standard	Application Received:	03/11/2015

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 48 year old female, who sustained an industrial injury on 8/02/2008. She was diagnosed as having lumbar degenerative disc disease, hip sprain/strain and knee pain. Treatment to date has included medications, physical therapy, surgical intervention, magnetic resonance imaging (MRI), injections and diagnostics. She underwent arthroscopic knee surgery (2008), additional right knee arthroscopy (2011) and right hip arthroscopy (3/2012). Per the Primary Treating Physician's Progress Report dated 2/23/2015; the injured worker reported unchanged low back/lumbar pain rated as 3-4/10 with pain medication and 6-7/10 without medication. She reported pain, spasm and stiffness. She reported unchanged right hip pain and unchanged right anterior knee pain with swelling. Physical examination revealed tenderness to palpation of the lumbar spine; motion is guarded due to pain. Range of motion was decreased. The right hip exam revealed an abnormal gait. There was palpable crepitus and clicking with tenderness to palpation over the greater trochanter with decreased range of motion. The right knee exam revealed antalgic gait and tenderness to palpation at the medial/lateral joint line. There was decreased range of motion. The plan of care included refill of medications and a urine drug screen. She was to continue regular work. Authorization was requested for Flexeril 10mg #30 and Lido Gel 3%.

IMR ISSUES, DECISIONS AND RATIONALES

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

Flexeril 10mg #30 refill: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants Page(s): 63-66.

Decision rationale: This patient has a date of injury of 08/02/08 and presents with lumbar spine pain and tenderness associated with muscle spasms. The current request is for FLEXERIL 10MG #30 REFILL. The MTUS Guidelines page 63-66 states, "muscle relaxants, for pain: Recommended non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic LBP. The most commonly prescribed antispasmodic agents are Carisoprodol, cyclobenzaprine, metaxalone, and methocarbamol, but despite the popularity, skeletal muscle relaxants should not be the primary drug class of choice for musculoskeletal conditions." The patient has been prescribed Flexeril since 11/12/14, for the treatment of her chronic muscle spasms. MTUS Guidelines supports the use of cyclobenzaprine for short course of therapy, not longer than 2 to 3 weeks. Given that this medication has been provided for long term use, recommendation for further use cannot be supported. This request IS NOT medically necessary.

Lido gel 3 percent refill: 2 #1: 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 Topical analgesic Page(s): 111-113.

Decision rationale: This patient has a date of injury of 08/02/08 and presents with lumbar spine pain and tenderness associated with muscle spasms. The current request is for LIDO GEL 3 PERCENT REFILL 2 #1. Lido compound cream contains capsaicin, lidocaine, menthol, and methyl salicylate. The MTUS Guidelines page 111 has the following regarding topical creams, "Topical analgesics are largely experimental and use with few randomized control trials to determine efficacy or safety." MTUS further states, "Any compounded product that contains at least one (or drug class) that is not recommended is not recommended." Per MTUS Guidelines, lidocaine is only allowed in a patch form and not allowed in a cream, lotion, or gel forms. Furthermore, the patient does not meet the indication for the use of a topical NSAID, as he does not present with osteoarthritis or tendinitis symptoms but suffers from low back pain. This request IS NOT medically necessary.