MAXIMUS Federal Services

Case Number:	CM15-0049508		
Date Assigned:	03/23/2015	Date of Injury:	04/24/2014
Decision Date:	05/01/2015	UR Denial Date:	02/25/2015
Priority:	Standard	Application Received:	03/16/2015

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 57 year old male who sustained an industrial injury in a motor vehicle accident on Apr 24, 2014. The injured worker was diagnosed with cervical spondylosis, cervical degenerative disc disease, cervical myofascial sprain/strain, lumbar spondylosis, lumbar/ lumbosacral disc degeneration and lumbar myofascial sprain/strain. The injured worker underwent Computed Tomography (CT) of the head and cervical spine in April 24, 2014, magnetic resonance imaging (MRI) studies of the thoracic spine and left elbow on June 9, 2014, a magnetic resonance imaging (MRI) of the brain on July 7, 2014, Video Electronystagmography examination and Audiogram on October 1, 2014 and a lumbar and cervical spine magnetic resonance imaging (MRI) January 21, 2015. The injured worker has completed physical therapy/aquatic therapy (30 sessions). According to the primary treating physician's progress report on February 5, 2015 the injured worker continues with the same symptoms. He complains of lack of sleep due to pain and tingling in the lower extremities. Examination of the cervical spine demonstrated tenderness to palpation at the paravertebral muscles and trapezius bilaterally with decreased range of motion. Motor and sensory were intact. Examination of the lumbar spine demonstrated decreased range of motion with positive supine and sitting straight leg raise and Lasegue's test bilaterally. Deep tendon reflexes and motor strength were decreased at the bilateral knees and ankles. Sensory was intact to light touch and pin prick bilaterally. Gait was antalgic. Treatment plan consists of ice/heat, home exercise program, aqua therapy, psychological evaluation and treatment, physical therapy, pain management consultations, quad cane and

renewal of medications. Current medications are listed as Hydrocodone, Oxycodone, Famotidine, Ibuprofen, Amrix, Zolpidem and Lidoderm Patch. Current request for authorization is for Lidoderm Patch and Amrix.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lidoderm, dosage and quantity unspecified: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Lidoderm (Lidocaine Patch) Page(s): 56-57.

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

Decision rationale: The patient was injured on 04/24/2014 and presents with lumbar spine pain and cervical spine pain. The request is for LIDODERM, dosage and quantity unspecified. There is no RFA provided and the patient is not currently working. It appears this is the initial trial for Lidoderm. MTUS chronic pain medical treatment guidelines page 57 states, "Topical lidocaine may be recommended for a localized peripheral pain after there has been evidence of a trial of first-line therapy (tricyclic or SNRI antidepressants, or an AED such as gabapentin or Lyrica)." MTUS page 112 also states, "Lidocaine indication: Neuropathic pain, recommended for localized peripheral pain." In reading ODG Guidelines, it specifies the Lidoderm patches are indicated as a trial if there is "evidence of localized pain that is a 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. MTUS page 60 required recording of pain and function when medications are used for chronic pain. The patient has tenderness along his paravertebral musculature and trapezius. He has an antalgic gait and uses a cane to ambulate. The patient has difficulty doing a heel rise, toe rise, and squats. There is tenderness along the thoracic paravertebral musculature, lumbar spinous processes, lumbar paravertebral musculature, and Botox. The patient has a positive supine test, positive flip test, and positive Lasegue's test on both the right and left sides. The patient is diagnosed with cervical spondylosis, lumbar spondylosis, cervical degenerative disk disease, lumbar/lumbosacral disk degeneration, cervical myofascial sprain/strain, and lumbar myofascial sprain/strain. This is an initial trial of Lidoderm patch. However, the patient does not have any documentation of localized neuropathic pain as required by MTUS Guidelines. Therefore, the requested Lidoderm patch IS NOT medically necessary.

Amrix 15mg QTY: 30 with 2 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain) Page(s): 63-64.

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

Decision rationale: The patient was injured on 04/24/2014 and presents with lumbar spine pain and cervical spine pain. The request is for AMRIX 15 MG #30 WITH 2 REFILLS. There is no RFA provided and the patient is not currently working. The patient has been taking this medication as early as 12/22/2014. MTUS Guidelines page 63-66 states, "Muscle relaxants (for pain): Recommend non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbation in patients with chronic LBP. The most commonly prescribed antispasmodic agents are carisoprodol, cyclobenzaprine, metaxalone, and methocarbamol, but despite their popularity, skeletal muscle relaxants should not be the primary drug class of choice for musculoskeletal conditions. Cyclobenzaprine (Flexeril, Amrix, Fexmid, generic available): Recommended for a short course of therapy." The patient has tenderness along his paravertebral musculature and trapezius. He has an antalgic gait and uses a cane to ambulate. The patient has difficulty doing a heel rise, toe rise, and squats. There is tenderness along the thoracic paravertebral musculature, lumbar spinous processes, lumbar paravertebral musculature, and Botox. The patient has a positive supine test, positive flip test, and positive Lasegue's test on both the right and left sides. The patient is diagnosed with cervical spondylosis, lumbar spondylosis, cervical degenerative disk disease, lumbar/lumbosacral disk degeneration, cervical myofascial sprain/strain, and lumbar myofascial sprain/strain. MTUS Guidelines do not recommend use of Amrix for longer than 2 to 3 weeks. In this case, the patient has been taking Amrix as early as 12/22/2014 which exceeds the 2-3 week limit recommend by MTUS Guidelines. Therefore, the requested Amrix IS NOT medically necessary.