

Case Number:	CM15-0050714		
Date Assigned:	03/24/2015	Date of Injury:	10/12/2013
Decision Date:	05/01/2015	UR Denial Date:	03/02/2015
Priority:	Standard	Application Received:	03/17/2015

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: Internal 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 injured worker is a 41 year old female, who sustained an industrial injury on 10/12/2013, while employed as a nurse. She was documented to have sustained a spinal rotational injury. The injured worker was diagnosed as having lumbar disc displacement without myelopathy, left, chronic pain syndrome, sciatica, left, degeneration of lumbar intervertebral disc, and lumbosacral radiculitis. Treatment to date has included conservative measures, including lumbar magnetic resonance imaging, electromyogram and nerve conduction studies of the lower extremities, transforaminal epidural steroid injection, physical therapy, aquatic therapy, and medications. Currently, the injured worker complains of left sided low back pain, with radiation down the left lower extremity. Pain was rated 2-7/10 and described as constant but variable. Current medications included Cyclobenzaprine, Cymbalta, Gabapentin, Lidoderm patches, Motrin, and Norco. Cymbalta was discontinued due to chills and nausea after taking it. She reported Norco "helping a lot". She reported increased strength, endurance, and resolution of back spasms, after recent completion of 12 physical therapy sessions. The treatment plan included continued medications, continued therapy in community gym/pool, and Toradol injection.

IMR ISSUES, DECISIONS AND RATIONALES

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

30 Tabs of Cyclobenzaprine 5 MG with 2 Refills: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment Page(s): 47-49, Chronic Pain Treatment Guidelines Cyclobenzaprine (Flexeril) Pages 41-42. Muscle relaxants Pages 63-66. Decision based on Non-MTUS Citation FDA Prescribing Information Cyclobenzaprine <http://www.drugs.com/pro/flexeril.html>.

Decision rationale: Medical Treatment Utilization Schedule (MTUS) addresses muscle relaxants. American College of Occupational and Environmental Medicine (ACOEM) 2nd Edition (2004) states that muscle relaxants seem no more effective than NSAIDs for treating patients with musculoskeletal problems, and using them in combination with NSAIDs has no demonstrated benefit. Muscle relaxants may hinder return to function by reducing the patient's motivation or ability to increase activity. Table 3-1 states that muscle relaxants are not recommended. Chronic Pain Medical Treatment Guidelines addresses muscle relaxants. Muscle relaxants should be used with caution as a second-line option for short-term treatment. Efficacy appears to diminish over time, and prolonged use of some medications in this class may lead to dependence. According to a review in American Family Physician, muscle relaxants should not be the primary drug class of choice for musculoskeletal conditions. Chronic Pain Medical Treatment Guidelines state that Cyclobenzaprine (Flexeril) is an option for a short course of therapy. Treatment should be brief. The addition of Cyclobenzaprine to other agents is not recommended. FDA guidelines state that Cyclobenzaprine is indicated for acute musculoskeletal conditions. Cyclobenzaprine should be used only for short periods (up to two or three weeks) because adequate evidence of effectiveness for more prolonged use is not available. Medical records document that the patient's occupational injuries are chronic. Medical records document the long-term use of the muscle relaxant Cyclobenzaprine (Flexeril). MTUS, ACOEM, and FDA guidelines do not support the use of Cyclobenzaprine (Flexeril) for chronic conditions. Medical records indicate the long-term use of muscle relaxants, which is not supported by MTUS and FDA guidelines. The patient has been prescribed NSAIDs. Per MTUS, using muscle relaxants in combination with NSAIDs has no demonstrated benefit. The use of Cyclobenzaprine (Flexeril) is not supported by MTUS or ACOEM guidelines. Therefore, the request for Cyclobenzaprine is not medically necessary.

60 Lidoderm Patches 5 Percent with 3 Refills: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Lidoderm (Lidocaine patch) Page 56-57. Topical Analgesics Page 111-112.

Decision rationale: Medical Treatment Utilization Schedule (MTUS) Chronic Pain Medical Treatment Guidelines indicate that Lidoderm is not a first-line treatment and is only FDA approved for post-herpetic neuralgia. Further research is needed to recommend Lidoderm for chronic neuropathic pain disorders other than post-herpetic neuralgia. Lidoderm (Lidocaine

patch 5%) is not recommended for non-neuropathic pain. Further research is needed to recommend topical Lidocaine for chronic neuropathic pain disorders other than post-herpetic neuralgia. Topical Lidocaine is not recommended for non-neuropathic pain. There is only one trial that tested 4% lidocaine for treatment of chronic muscle pain. The results showed there was no superiority over placebo. Medical records document a history of low back complaints. Medical records do not document a diagnosis of post-herpetic neuralgia. Per MTUS guidelines, Lidoderm is only FDA approved for post-herpetic neuralgia, and is not recommended for other chronic neuropathic pain disorders or non-neuropathic pain. The request for Lidoderm patch is not supported by MTUS guidelines. Therefore, the request for Lidoderm patches 5% is not medically necessary.