

Case Number:	CM15-0053701		
Date Assigned:	03/27/2015	Date of Injury:	01/01/2010
Decision Date:	05/06/2015	UR Denial Date:	02/26/2015
Priority:	Standard	Application Received:	03/20/2015

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, Florida

Certification(s)/Specialty: Anesthesiology, Pain Management

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 52-year-old female, who sustained an industrial injury on 1/01/2010. Diagnoses are cervical stenosis, carpal and cubital tunnel syndrome, epicondylitis, lumbar radiculopathy, Irritable Bowel Syndrome, gastroesophageal reflux disease (GERD) and migraine headache. Treatment to date has included diet modification and medications. In December 2014, there was subjective complaint of low back radiating to the lower extremities. The pain score was rated at 7-8/10 on a scale of 0 to 10. Per the Primary Treating Physician's Progress Report dated 2/23/2015, the injured worker reported abdominal pain better as long as taking medications and following diet. Physical examination revealed a soft abdomen with normal bowel sounds. The plan of care-included continuation of diet and medications and authorization was requested for Norco 10/325mg, Fexmid 7.5mg and Lidoderm patch 5%. The medications enabled the IW to improve sleep and ADL.

IMR ISSUES, DECISIONS AND RATIONALES

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

Fexmid 7.5mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain) Page(s): 63-65.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.24.2 Page(s): 63-66. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain ChapterMuscle Relaxants.

Decision rationale: The CA MTUS and the ODG guidelines recommend that muscle relaxants can be utilized for the short-term treatment of exacerbation of musculoskeletal pain when standard treatments with NSAIDs and PT have failed. The chronic use of muscle relaxants can be associated with the development of tolerance, dependency, addiction, sedation and adverse interaction with opioids and other sedatives. The records indicate that the patient had utilized Fexmid longer than the maximum guidelines recommended period of 4 to 6 weeks. There is concurrent utilization of opioids medications. The criteria for the use of Fexmid 7.5m #60 was not met. Therefore, the request is not medically necessary.

Lidoderm Patch 5% Qty 80: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics: Lidoderm Page(s): 111-112. Decision based on Non-MTUS Citation Official Disability Guidelines: Pain chapter - Lidoderm Patches.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.24.2 Page(s): 111-113. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain ChapterTopical Analgesics.

Decision rationale: The CA MTUS and the ODG guidelines recommend that topical analgesic products can be utilized for the treatment of localized neuropathic pain when treatment with first line anticonvulsant and antidepressant medications have failed. The records did not indicate a diagnosis of localized neuropathic pain such as CRPS. There is no documentation of failure of first line anticonvulsant or antidepressant medications. The criteria for the use of Lidoderm patch 5% #80 was not met. Therefore, the request is not medically necessary.