

Case Number:	CM15-0055096		
Date Assigned:	03/30/2015	Date of Injury:	09/08/1999
Decision Date:	05/05/2015	UR Denial Date:	03/12/2015
Priority:	Standard	Application Received:	03/23/2015

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, California
 Certification(s)/Specialty: Family Practice

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 56-year-old female who sustained an industrial injury to her lower extremities on September 8, 1999. The patient sustained the injury due to trip and fall incident. The injured worker is status bilateral tarsal tunnel release 2002-2003 and a recent bowel surgery (non-industrial related). The injured worker was diagnosed with mononeuritis of the leg, lumbago, fibromyalgia and chronic pain. According to the treating physician's progress report on March 3, 2015, the injured worker continues to experience low back pain radiating down the right leg and foot at 3-6 /10. The injured worker had a normal gait without assistive devices. The patient has had slow and improved mobility. Physical examination of the lumbar spine on 6/18/13 revealed limited range of motion. A recent detailed physical examination was not specified in the records provided. Current medications are listed as Norco, Soma, Lodine, Gabapentin, Flexeril, Prilosec, Effexor, Trazadone, Lactulose and topical analgesics. Treatment plan is to continue the transcutaneous electrical nerve stimulation (TEN's), ThermaCare heat wraps and the request for authorization of prescribed medications and continue opioid weaning process. The past medical treatment includes fibromyalgia. The patient had used a TENS unit for this injury.

IMR ISSUES, DECISIONS AND RATIONALES

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

Flexeril 5mg #90: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Flexeril (Cyclobenzaprine).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine (Flexeril) Page(s): 41-42.

Decision rationale: According to CA MTUS guidelines cited below, "Recommended as an option, using a short course of therapy. Cyclobenzaprine (Flexeril) is more effective than placebo in the management of back pain." In addition for the use of skeletal muscle relaxant CA MTUS guidelines cited below "Recommend non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbations in patients." The patient sustained the injury due to trip and fall incident. The injured worker is status bilateral tarsal tunnel release 2002-2003 and a recent bowel surgery (non-industrial related). The injured worker was diagnosed with mononeuritis of the leg, lumbago, fibromyalgia and chronic pain. According to the treating physician's progress report on March 3, 2015, the injured worker continues to experience low back pain radiating down the right leg and foot at 3-6 /10. The patient has had slow and improved mobility. Physical examination of the lumbar spine on 6/18/13 revealed limited range of motion. Therefore, the request for Flexeril 5mg #90 is medically necessary and appropriate for prn use during exacerbations.

Lidoderm Patch 5# #30 with 2 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Lidocaine. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain (Chronic), Criteria for use of Lidoderm patches.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Lidoderm (lidocaine patch) page 56-57.

Decision rationale: According to the MTUS Chronic Pain Guidelines regarding topical analgesics state that the use of topical analgesics is "Largely experimental in use with few randomized controlled trials to determine efficacy or safety, primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. There is little to no research to support the use of many of these agents." According to the MTUS Chronic Pain Guidelines "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). This is not a first-line treatment and is only FDA approved for post-herpetic neuralgia." MTUS guidelines recommend topical analgesics for neuropathic pain only when trials of antidepressants and anticonvulsants have failed to relieve symptoms. Any intolerance or contraindication to oral medications is not specified in the records provided. Any evidence of post-herpetic neuralgia is not specified in the records provided. The injured worker had a normal gait without assistive devices. A recent detailed physical examination was not specified in the records provided. The medication Lidoderm Patch 5# #30 with 2 refills is not medically necessary.

