

Case Number:	CM15-0059465		
Date Assigned:	04/06/2015	Date of Injury:	04/17/2012
Decision Date:	05/05/2015	UR Denial Date:	03/02/2015
Priority:	Standard	Application Received:	03/30/2015

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: Pennsylvania
 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 50 year old male who sustained an industrial injury on 4/17/2012. His diagnoses, and/or impressions, include: lumbar disc disease and lumbar radiculopathy. No recent magnetic resonance imaging studies are noted. His treatments have included epidural steroid injection therapy (9/15/14) with 50% improvement in pain and function; medication management and modified work duties. The progress notes of 2/11/2015 state persistent and moderate lower back radicular pain, left > right, helped with medications. The physician's requests for treatments included the continuation of oral Flexeril and Lidocaine patches.

IMR ISSUES, DECISIONS AND RATIONALES

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

Flexeril 7.5 MG BID #60: Upheld

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

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

Decision rationale: Muscle relaxants for pain are recommended with caution as a second line option for short-term treatment of acute exacerbations in patient's with chronic low back pain. Muscle relaxants may be effective in reducing pain and muscle tension, and increased mobility. However, in most low back pain cases, they show no benefit beyond NSAIDs for pain and overall improvement. Anti-spasmodics such as Flexeril are used to decrease muscle spasm in conditions such as low back pain whether spasm is present or not. Flexeril is not recommended for chronic use and specifically is not recommended for longer than 2-3 weeks. It appears that this worker has been using Flexeril for at least several months. There is no indication that the medication is being used for an acute exacerbation of low back pain nor is any other rationale provided for the long term use of this medication. This medication typically becomes less effective over time and it is unlikely it is resulting in significant benefit at this point. Therefore, the request is not medically necessary.

Lidocaine Patches 12 Hour On/12 Hour Off for Pain #30: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113.

Decision rationale: Topical licocaine (Lidoderm) is recommended for neuropathic pain after there has been evidence of a trial of first line therapy with tricyclic, SNRI, or an AED such as gabapentin or Lyrica. Lidocaine is not recommended for non-neuropathic pain. According to the Chronic Pain Guidelines, further research is needed to recommend this treatment for chronic neuropathic pain disorders other than post-herpetic neuralgia. The record does not indicate a trial of these other medications. The record also does not indicate where the patch is being applied. Application to the back would not be expected to be of any benefit. Therefore, the request is not medically necessary.