

Case Number:	CM15-0085947		
Date Assigned:	05/08/2015	Date of Injury:	08/10/1990
Decision Date:	06/09/2015	UR Denial Date:	04/07/2015
Priority:	Standard	Application Received:	05/05/2015

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: Arizona, 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 64 year old female who sustained an industrial injury on 08/10/1990. There was no mechanism of injury documented. The injured worker was diagnosed with myofascial pain syndrome of the right medial trapezius and neck. Recent treatment to date includes trigger point injections in the cervical and shoulder girdle on March 6th and March 13th, 2015 and medications. There was no further history of treatments or interventions documented. According to the primary treating physician's progress report on February 27, 2015, the injured worker continues to experience left trapezius pain and spasm increasing over the past two months associated with tenderness over the left temple and headaches. Her headaches are associated with nausea, photophobia and sound intolerance. Examination of the neck demonstrated tenderness with tautness on the right side at the medial and upper trapezius. Pressure over the right scapulocostal region and upper medial right trapezius produces pain radiating upper the neck into the right temple. The injured worker had decreased neck range of motion with increased pain, negative Lhermitte's signs and negative bilateral Spurling's maneuver. Sensory and motor were intact. Current medications are listed as Norco, Sumatriptan, Flexeril, Valium, Arnica (herbal analgesic) and Lidoderm patches. Treatment plan consists of continuing medication regimen, trigger point injection in the right scapulocostal upper medial region and the current request for the retrospective request of Flexeril, Valium and Lidoderm patches.

IMR ISSUES, DECISIONS AND RATIONALES

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

Valium 10mg quantity unspecified: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepine Page(s): 23.

Decision rationale: According to the Chronic Pain Medical Treatment Guidelines, Benzodiazepines are not recommended for long-term use because its efficacy is unproven and there is a risk of addiction. Most guidelines limit its use to 4 weeks and its range of action includes sedation, anxiolytic, anticonvulsant and muscle relaxant. In this case, the claimant was on Valium for over a year. It was used along with muscle relaxants and opioids. Long-term use is not indicated. Specific quantity, use and therapeutic response/goals were not provided. The request for Valium since 2/27/14 is not medically necessary.

Flexeril 10mg quantity unspecified: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: According to the MTUS guidelines, Cyclobenzaprine (Flexeril) is more effective than placebo for back pain. It is recommended for short course therapy and has the greatest benefit in the first 4 days suggesting that shorter courses may be better. Those with fibromyalgia were 3 times more likely to report overall improvement, particularly sleep. Treatment should be brief. There is also a post-op use. The addition of Cyclobenzaprine to other agents is not recommended. The claimant had been on Flexeril for nearly a year in combination with Valium and Lidoderm. Continued and long-term use of Flexeril since 2/2014 is not recommended and not medically necessary.

Lidoderm Patches quantity unspecified: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines topical analgesics Page(s): 111-112.

Decision rationale: According to the MTUS guidelines, topical analgesics are recommended as an option as indicated below. They are 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. Lidocaine is 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). Lidoderm has been designated for orphan status by the FDA for neuropathic pain. Lidoderm is also used off-label for diabetic neuropathy. In this case the claimant did not have the above diagnoses. Long-term use of topical analgesics such as Lidoderm patches are not recommended. The claimant had been on muscle relaxants and opioids. There was no indication of reduction of oral medications while on Lidoderm. The request for continued and long-term use of Lidoderm patches since 2/27/14 as above is not medically necessary.