

Case Number:	CM15-0239606		
Date Assigned:	12/16/2015	Date of Injury:	05/14/2014
Decision Date:	01/22/2016	UR Denial Date:	11/23/2015
Priority:	Standard	Application Received:	12/08/2015

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 39 year old female, who sustained an industrial injury on 5-14-2014. The injured worker was diagnosed as having lumbosacral neuritis or radiculitis, unspecified, lumbosacral sprain-strain, thoracic sprain-strain, and knee sprain-strain. Treatment to date has included diagnostics, chiropractic, and medications. On 11-11-2015, the injured worker complains of "increased back and bilateral knee pain x1 month". Pain was rated 7 out of 10 at rest and increased with activity (right shoulder pain rated 7-8 on 9-16-2015, bilateral knee pain was not rated, back pain was not noted). She reported that she was out of medications. Objective findings noted tenderness to palpation over the lumbar paraspinal muscles and spasms. The treatment plan noted Naproxen for mild pain and Lidopro topical and Flexeril for spasms. Failed medications were not specified. Work status was "full duty on self modified with no limitations or restrictions". The use of Cyclobenzaprine was noted since at least 5-2015. On 11-23-2015 Utilization Review non-certified a request for 1 Lidopro cream 121gm and Cyclobenzaprine 7.5mg #60.

IMR ISSUES, DECISIONS AND RATIONALES

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

One (1) Lidopro cream 121gm: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Topical Analgesics.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Lidoderm (lidocaine patch), Topical Analgesics.

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. Lidopro contains topical Lidocaine and NSAID. 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). Topical NSAIDs have been shown in meta-analysis to be superior to placebo during the first 2 weeks of treatment for osteoarthritis, but either not afterward, or with a diminishing effect over another 2-week period. In this case, there was no evidence of failure of 1st line medications. The claimant was on oral NSAIDS as well. Long-term use of topical analgesics such as Lidopro is not recommended. LidoPro as above is not medically necessary.

Cyclobenzaprine 7.5mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Cyclobenzaprine (Flexeril).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Cyclobenzaprine (Flexeril).

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 several months along with NSAIDS. Continued and chronic use of Flexeril (Cyclobenzaprine) is not medically necessary.