

Case Number:	CM13-0030507		
Date Assigned:	12/18/2013	Date of Injury:	06/30/1994
Decision Date:	02/13/2014	UR Denial Date:	09/16/2013
Priority:	Standard	Application Received:	09/30/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Physical Medicine and Rehabilitation and Pain Management and is licensed to practice in Oklahoma and Texas. 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 physician 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 patient is a 56-year-old male who reported an injury on 06/30/1994 after being assaulted by another employee. The patient sustained injury to the right upper extremity and right wrist. Previous treatments included lumbar epidural steroid injections and upper extremity steroid injections. The patient developed chronic low back pain that was managed by H-wave therapy and medications. The patient's medication usage was monitored for aberrant behavior with urine drug screens. The patient's most recent clinical documentation indicates that the patient's medications included Skelaxin, Norco, and omeprazole. The patient's most recent physical findings included restricted range of motion of the lumbar spine secondary to pain, tenderness to palpation, muscle spasms along the paravertebral musculature, and tenderness noted over the sacroiliac spine. The patient's treatment plan included continuation of medications and H-wave therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lidoderm 5% patch, #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: The requested Lidoderm patch 5% is not medically necessary or appropriate. The clinical documentation submitted for review does provide evidence that the patient has persistent low back pain. California Medical Treatment Utilization Schedule recommends a continued use of this topical analgesic be supported by documentation of functional benefits and symptom relief. The clinical documentation submitted for review does not provide any evidence that the patient has neuropathic related pain. Additionally, there is no documentation that the patient has any functional benefit or pain relief as a result of this medication. As such, the requested Lidoderm 5% patch #30 is not medically necessary or appropriate.

Skelaxin 800mg, #90: Upheld

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

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

Decision rationale: The requested Skelaxin 800 mg #90 is not medically necessary or appropriate. The clinical documentation submitted for review does provide evidence that the patient has muscle spasms upon palpation of the low back. California Medical Treatment Utilization Schedule does not recommend the long term use of muscle relaxants for a patient experiencing chronic pain. This type of medication is only recommended for short courses of treatment for acute exacerbation of the chronic pain. The clinical documentation submitted for review does not provide any evidence that the patient has had an acute exacerbation of pain that would necessitate the use of a muscle relaxant. Additionally, there is no documentation of specific functional benefit or symptom response to support extending treatment beyond guideline recommendations. As such, the requested Skelaxin 800 mg #90 is not medically necessary or appropriate.