

Case Number:	CM14-0116553		
Date Assigned:	08/04/2014	Date of Injury:	05/13/1989
Decision Date:	09/29/2014	UR Denial Date:	07/03/2014
Priority:	Standard	Application Received:	07/24/2014

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. The expert reviewer is Board Certified in Neurology, has a subspecialty in Neuromuscular Medicine and is licensed to practice in New Jersey. 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/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 58-year-old woman who sustained a work related injury on May 18, 1989. Subsequently, she developed neck and back pain. The patient underwent a spinal fusion at L4-5 and L5-S1 with posterior facet screw fixation on December 14, 2000. She has had ongoing muscle spasms and trigger points in the low back. She responded to trigger point injections and botox injections. In a progress report dated May 21, 2014, the patient reports that she has been experiencing a significant flare-up of low back pain that has been increasing over the past 2 months. The patient also remains symptomatic in her neck. The patient's current pain medicine regimen consists of Flexeril and Lidoderm patches. Physical examination of the low back revealed moderate tenderness and spasm in the bilateral paralumbar musculature with reduced range of motion. Examination of the lower extremities revealed a negative straight leg raise, bilaterally. MRI of the cervical spine dated April 21, 2013 showed 2 mm broad-based disc protrusion at C5-6 with moderate right and mild left foraminal narrowing. X-rays of the lumbar spine dated May 21, 2014 showed L4-5 and L5-S1 facet screw fixation with solid anterior fusion and anterior fusion mass at the L4-5 and L5-S1 disc spaces. The patient was diagnosed with myofascial pain cervical and lumbar pain, cervical disc disease, status post lumbar laminectomy and fusion, and lumbar muscle spasm and trigger point activity. The provider requested authorization for Lidoderm patches and Flexeril.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lidoderm patch #30: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Lidoderm (lidocaine patch) Page(s): 56.

Decision rationale: According to MTUS guidelines, “Lidoderm is the brand name for a lidocaine patch produced by [REDACTED]. 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”. In this case, there is no documentation that the patient developed neuropathic pain that did not respond for first line therapy. There is no strong evidence supporting the efficacy of Lidoderm in chronic back pain. In fact, there is no documentation of functional improvement with previous use of Lidoderm. There is no evidence of neuropathic origin of the patient pain. Therefore, the prescription of Lidoderm patch 5% is not medically necessary.

Flexeril 7.5mg #40: 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): 63.

Decision rationale: According to MTUS guidelines, Flexeril, a non sedating muscle relaxants, is recommended with caution as a second line option for short term treatment of acute exacerbations in patients with chronic spasm and pain. Efficacy appears to diminish over time and prolonged use may cause dependence. There is no recent documentation of pain and spasticity the patient and no clear justification of continuous use of Flexeril. Therefore, the request for authorization FLEXERIL 7.5 MG, # 40 is not medically necessary.