

Case Number:	CM14-0120021		
Date Assigned:	08/06/2014	Date of Injury:	01/07/2011
Decision Date:	11/20/2014	UR Denial Date:	06/27/2014
Priority:	Standard	Application Received:	07/30/2014

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 Family Medicine and is licensed to practice in Ohio. 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 injured worker is a 52 year old female with a date of injury of 01-07-2011. She has a diagnosis of chronic regional pain syndrome of the right upper extremity, right sided carpal tunnel syndrome, lateral epicondylitis, psychogenic backache, anxiety, and depression. She complains of pain from the right shoulder down to the right hand, temperature changes of the right upper extremity, contractures of the right hand, muscle spasms of the right forearm, and inappropriate sweating of the right upper extremity. The physical exam reveals right upper extremity inappropriate warmth or coolness at various times, hypersensitivity to touch of the extremity, and contractures of the right sided fingers. She has been treated with a sympathetic ganglion block which did provide temporary relief, muscle relaxants, opioids, topical lidocaine, and antidepressants.

IMR ISSUES, DECISIONS AND RATIONALES

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

Skelaxin 800mg #30 with 2 refills: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain (Chronic), CRPS, medications

Decision rationale: Skelaxin is recommended with caution as a second-line option for acute low back pain and for short-term pain relief in patients with chronic low back pain. Metaxalone (marketed by ██████████ under the brand name Skelaxin) is a muscle relaxant that is reported to be relatively non-sedating. Most medications have limited effectiveness, and recommendations are primarily based on extrapolation from neuropathic pain medication guidelines. A reason given for the paucity of medication studies is the absence of a gold-standard diagnostic test for CRPS and lack of uniformly accepted diagnostic criteria. 1. Regional inflammatory reaction: Commonly used drugs are NSAIDs, corticosteroids and free-radical scavengers. 2. Stimulus-independent pain: The use of antidepressants (primarily tricyclics and SNRIs), anticonvulsants (with the most support for gabapentin), and opioids has been primarily extrapolated based on use for other neuropathic pain disorders. There are no long term studies demonstrating efficacy of opioids as treatment for CRPS. Opioids are a second- to third- line choice for patients failing other pharmacologic interventions with the understanding that long-term use can actually worsen allodynia and/or hyperalgesia. 3. Stimulus-evoked pain: treatment is aimed at central sensitization. With NMDA receptor antagonists (ketamine and amantadine) convincing controlled trials are lacking, and these drugs are recognized for their side effects. See Ketamine. 5. Treatment of bone resorption and resultant pain with bisphosphonate-type compounds and calcitonin 6. Treatment of dystonia: Oral baclofen is a first-line option. Benzodiazepines and long-term use of muscle relaxants such as cyclobenzaprine are not recommended. (Harden, 2013) In this instance, the Skelaxin has been in use chronically and presumably for the chronic regional pain syndrome. The referenced guidelines do not specifically recommend Skelaxin for treatment of certain aspects of this syndrome but the guidelines do suggest Baclofen. The guidelines further suggest that muscle relaxants should be used for short periods of time in relation to other conditions, like back pain. Therefore, Skelaxin 800mg #30 with 2 refills is not medically necessary.

Lidoderm 5% (700mg/Patch) #30 with 2 refills: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Lidoderm (lidocaine patch) Page(s): 56-57.

Decision rationale: Lidoderm is the brand name for a lidocaine patch produced by ██████████. 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 anti-epilepsy drug such as gabapentin or Lyrica). This is not a first-line treatment and is only FDA approved for post-herpetic neuralgia. Further research is needed to recommend this treatment for chronic neuropathic pain disorders other than post-herpetic neuralgia. Formulations that do not involve a dermal-patch system are generally indicated as local anesthetics and anti-pruritics. In this instance, the injured worker has a peripheral pain disorder (chronic regional pain syndrome and carpal tunnel syndrome) and is taking a tricyclic antidepressant (amitriptyline). Therefore, Lidoderm 5% (700mg/Patch) #30 with 2 refills is medically necessary.

