

Case Number:	CM14-0126733		
Date Assigned:	08/29/2014	Date of Injury:	03/05/2013
Decision Date:	09/30/2014	UR Denial Date:	07/14/2014
Priority:	Standard	Application Received:	08/11/2014

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 Emergency Medicine and is licensed to practice in 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 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 26-year-old male who reported an injury on 03/05/2013, while working as an inmate for the department of corrections injuring his back. The injured worker had a history of lower back pain. The injured worker had a diagnosis of lumbar sprain/strain and sciatica. No prior diagnostics available. The past treatments included a TENS unit 3 to 4 times a day, walking, and medication. The objective findings dated 09/09/2014, revealed decreased pain and increased activities of daily livings with assistance of medication, gait normal, mental status normal oriented x3, and range of motion was not indicated. The request for authorization dated 08/03/2014 was submitted with documentation. The treatment plan included myelogram with neurosurgeon, renew meds, decrease the Norco, physical therapy, and follow-up in 4 weeks.

IMR ISSUES, DECISIONS AND RATIONALES

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

LidoPro Ointment-indefinite refills: 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: The request for LidoPro ointment-indefinite refills is not medically necessary. The California MTUS Guidelines indicate that lidocaine is for localized peripheral pain after there has been evidence of a trial of first-line therapy such as a tri-cyclic or serotonin-norepinephrine reuptake inhibitor anti-depressants or an anti-epileptic drug such as gabapentin or Lyrica. Topical lidocaine, in the formulation of a dermal patch (Lidoderm) has been designated by the FDA for neuropathic pain. Lidoderm is also used off-label for diabetic neuropathy. No other commercially approved topical formulations of lidocaine (whether creams, lotions or gels) are indicated for neuropathic pain. The injured worker did not have a diagnosis of neuropathic pain. Also, the request did not address the route dosage with the frequency. As such, this request is not medically necessary.

Cyclobenzaprine-indefinite refills: 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 Cyclobenzaprine Page(s): 41, 64.

Decision rationale: The request for Cyclobenzaprine indefinite refills is not medically necessary. The California MTUS states, that Cyclobenzaprine (Flexeril) is recommended for a short course of therapy. Flexeril is more effective than placebo in the management of back pain; however, the effect is modest and comes at the price of greater adverse effects. The effect is greatest in the first 4 days of treatment, suggesting that shorter courses may be better. This medication is not recommended to be used for longer than 2-3 weeks. The guidelines recommend Cyclobenzaprine for no longer than 2 to 3 weeks to manage back pain. The clinical notes indicated that the injured worker had been prescribed Cyclobenzaprine on 04/10/2014 and again on 09/09/2014, exceeding the recommended 2-3 week time period. The request did not indicate the dose, frequency or duration. As such, this request is not medically necessary.