

Case Number:	CM14-0129011		
Date Assigned:	08/18/2014	Date of Injury:	10/06/2010
Decision Date:	10/24/2014	UR Denial Date:	07/30/2014
Priority:	Standard	Application Received:	08/13/2014

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 Physical Medicine & Rehabilitation, has a subspecialty in Pain Management and is licensed to practice in Texas and 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 56-year-old female with a reported injury on 10/06/2010. The mechanism of injury was lifting. The injured worker's diagnoses included lumbar disc displacement, lumbar/lumbosacral disc degeneration, and spinal stenosis (lumbar). The injured worker's previous treatments included medications and trigger point injections. The injured worker's previous diagnostic testing included an EMG/NCV of the lower extremities and related paraspinal muscles on 01/29/2014 which revealed neurogenic changes in bilateral L4-5 enervated muscles; slightly more pronounced on the right side; and a 2 view x-ray of the lumbar spine on 06/18/2014 which showed stable position of hardware from L4-S1. These changes are suggestive of bilateral L4-5 radiculopathies, moderate in degree electrically, chronic and regenerative in nature, and slightly more pronounced on the right side. The injured worker's surgical history include a laminectomy and discectomy at L4-5 in 2006; a revision decompression at L4-5 in 2007; an anterior interbody fusion in 2008; and posterior revision decompression and fusion L4-5 with transforaminal lumbar interbody fusion at L5-S1 on 02/28/2013. The injured worker was evaluated on 06/18/2014 for complaints of muscle spasm in the left hamstring, lateral leg region. Flexeril helped moderately with those symptoms. The clinician observed and reported moderate to severe tenderness in the left lateral leg. No active muscle spasms were noted, there was mild guarding with palpation, and the motor exam was grossly intact. The clinician did administer trigger point injections on 06/18/2014 for the treatment of myofascial pain. The clinician's treatment plan was to continue Flexeril and Lidoderm patches. The injured worker's medications included Flexeril and Lidoderm patches. The requests were for Lidocaine Pad 5% #30 with 2 refills and Cyclobenzapr tab 10mg #60 with 2 refills. The rationale for these requests was for treatment of lumbar disc displacement,

lumbar/lumbosacral disc degeneration, and spinal stenosis (lumbar). The Request for Authorization form was submitted on 07/23/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lidocaine Pad 5% #30 with 2 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Lidocaine Page(s): 112.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113.

Decision rationale: The request for Lidocaine Pad 5% #30 with 2 refills is not medically necessary. The injured worker complained of muscle spasm in the left hamstring, lateral leg region. The California MTUS Chronic Pain Guidelines recommend lidocaine patches for neuropathic pain, specifically for localized peripheral pain after there has been evidence of a trial of first line therapy to include tri-cyclic or SNRI anti-depressants or an antiepileptic drug such as Gabapentin or Lyrica. The clinician prescribed the lidocaine pad on 06/18/2014; however, there was no diagnosis made of neuropathic pain, and the injured worker was given trigger point injections for myofascial pain. Additionally, the request did not include a frequency of dosing. 2 refills would not be indicated without assessment of the efficacy of the treatment. Therefore, the request for Lidocaine Pad 5% #30 with 2 refills is not medically necessary.

Cyclobenzapr tab 10mg #60 with 2 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine or Flexeril Page(s): 41.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain) Page(s): 63-67.

Decision rationale: The request for Cyclobenzapr tab 10mg #60 with 2 refills is not medically necessary. The injured worker did complain of muscle spasm in the left hamstring, lateral leg region. The California MTUS Chronic Pain Guidelines recommend cyclobenzaprine as a short course of therapy. Limited, mixed-evidence does not allow for a recommendation for chronic use. The request indicated #60 with 2 refills which would be more than a short course of therapy. Additionally, the request did not include a frequency of dosing. Therefore, the request for Cyclobenzapr tab 10mg #60 with 2 refills is not medically necessary.