MAXIMUS Federal Services

Case Number:	CM14-0153037		
Date Assigned:	09/23/2014	Date of Injury:	12/09/2008
Decision Date:	10/27/2014	UR Denial Date:	09/08/2014
Priority:	Standard	Application Received:	09/19/2014

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 and Rehabilitation and is licensed to practice in California. 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 31-year-old male who has submitted a claim for degeneration of lumbar intervertebral disc and post laminectomy syndrome associated with an industrial injury date of 12/09/2008. Medical records from 02/01/2013 to 08/28/2014 were reviewed and showed that patient complained of low back pain graded 7/10. Pain radiated to bilateral lower extremities described as burning, shooting, and associated with numbness. Physical examination revealed tenderness over midline of lumbar spine and restricted lumbar ROM. Treatment to date has included L4-5 microdiscectomy (01/08/2009), Lidoderm patch (prescribed since 09/25/2013), Cyclobenzaprine 10mg (prescribed since 09/25/2013), Trazodone, Mirtazapine, and other pain medications. Of note, there was no documentation of functional outcome with use of aforementioned medications. Utilization review dated 09/08/2014 partially certified the request for Cyclobenzaprine tab 10mg day supply: 30 Qty: 60 refills: 0 to Cyclobenzaprine tab 10mg for the purpose of weaning. Utilization review dated 09/08/2014 denied the request for Lidocaine pad 5% day supply: 30 Qty: 30 refills: 2 because the guidelines do not support the role of Lidocaine in treatment of chronic neuromusculoskeletal pain.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cyclobenzaprine tab 10mg day supply: 30 qty: 60 refills: 0: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxant (for pain).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine Page(s): 41-42.

Decision rationale: According to page 41-42 of the CA MTUS Chronic Pain Medical Treatment Guidelines, sedating muscle relaxants are recommended with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic low back pain. The effect is greatest in the first 4 days of treatment, suggesting that shorter courses may be better and treatment should be brief. In this case, the patient was prescribed Cyclobenzaprine 10mg (quantity not specified) since 09/25/2013. However, there was no documentation of functional outcome with Cyclobenzaprine use. Moreover, the long-term use of cyclobenzaprine is not in conjunction with guidelines recommendation. Therefore, the request for Cyclobenzaprine tab 10mg day supply: 30 Qty: 60 refills: 0 is not medically necessary.

Lidocaine pad 5% day supply: 30 qty: 30 refills: 2: 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 patch Page(s): 56-57.

Decision rationale: As stated on page 56-57 of the California MTUS Chronic Pain Medical Treatment Guidelines, Lidoderm patch is 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 or Lyrica). In this case, the patient was prescribed Lidoderm patch since 09/25/2013. Clinical manifestations are consistent with neuropathic pain. There was documentation of trial of first-line therapy such as Trazodone and Mirtazapine. Adjuvant therapy with Lidocaine patch has been established. Therefore, the request for Lidocaine pads 5% day supply: 30 Qty: 30 refills: 2 are medically necessary.