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| Case Number: | CM14-0094114 | | |
| Date Assigned: | 07/25/2014 | Date of Injury: | 02/03/1997 |
| Decision Date: | 10/08/2014 | UR Denial Date: | 05/30/2014 |
| Priority: | Standard | Application Received: | 06/23/2014 |

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 Occupational Medicine 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:

This is a 57-year-old female with a 2/3/97 date of injury, when she injured her left shoulder due to a repetitive use. The patient underwent L5-S1 fusion in 2002. The progress note dated 1/15/14, indicated that the patient was taking Robaxin. The patient was seen on 5/13/14 with complaints of pain and clicking in both shoulders and 6-7/10 constant, dull, achy lower back pain radiating into the legs. She also reported numbness and tingling in the left leg and foot. The patient stated that physical therapy did not help her and that her current medications gave her 50-70% relief in her pain. Exam findings revealed tenderness to palpation the lumbar paraspinal muscles and along facet joints, and limited range of motion in the lumbar spine in all directions with pain with oblique extension. The muscle strength was 5/5 in all muscle groups in the right lower extremity and 5-/5 in the left lower extremity. The left shoulder range of motion was: forward flexion 140 degrees, abduction 120 degrees and internal rotation up to the L4 level. Hofman's sign and Phalen's test were positive. The patient was taking Norco, Robaxin and Neurontin. The diagnosis is rotator cuff tendinitis, lumbar degenerative disc disease, carpal tunnel syndrome, failed back syndrome. Treatment to date includes physical therapy, cortisone injections, work restrictions and medications. An adverse determination was received on 5/30/14. The request for Lidoderm 5% (700mg/patch) adhesive patch #60, 2 refills was denied given that the patient's injury was more than 17 years ago and that she did not meet the guidelines particularly in a chronic phase and that the medical records did not support an indication for topical Lidoderm. The request for Robaxin 500mg tablet 1 PO BID #60, 2 refills was denied given that the medical records did not provide a rationale or indication for Robaxin in the current chronic settings.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lidoderm 5% (700mg/patch) adhesive patch #60, 2 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): Page 111.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Lidoderm (lidocaine patch) Page(s): 56-57. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter Lidoderm

Decision rationale: CA MTUS states that 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 or Lyrica). Official Disability Guidelines (ODG) states that Lidoderm is not generally recommended for treatment of osteoarthritis or treatment of myofascial pain/trigger points. There is a lack of documentation indicating that the patient tried and failed first-line oral therapy for peripheral pain. In addition, there is no rationale with regards to the treatment plan and goals with the use of Lidoderm patch. Therefore, the request for Lidoderm 5% (700mg/patch) adhesive patch #60, 2 refills is not medically necessary.

Robaxin 500mg tablet 1 PO BID #60, 2 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants Page(s): 63.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants Page(s): 63-66.

Decision rationale: CA MTUS Chronic Pain Medical Treatment Guidelines, state that muscle relaxants may be effective in reducing pain and muscle tension, and increasing mobility. However, in most LBP cases, they show no benefit beyond non-steroidal anti-inflammatory drugs (NSAIDs) in pain and overall improvement, and no additional benefit has been shown when muscle relaxants are used in combination with NSAIDs. Efficacy appears to diminish over time, and prolonged use of some medications in this class may lead to dependence. The progress notes indicated that the patient was using Robaxin at least from 1/15/14. However, there is a lack of documentation indicating functional gains from the treatment, decrease in the muscle spasms and improvement in the patient's function. In addition, there is no clear rationale with regards to the continued, long-term treatment with the muscle relaxant. Therefore, the request for Robaxin 500mg tablet 1 PO BID #60, 2 refills was not medically necessary.