

Case Number:	CM14-0214928		
Date Assigned:	01/07/2015	Date of Injury:	05/23/2011
Decision Date:	02/28/2015	UR Denial Date:	11/24/2014
Priority:	Standard	Application Received:	12/22/2014

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
 State(s) of Licensure: Texas, California
 Certification(s)/Specialty: Family Practice

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 24years oldfemale patient who sustained an injury on 5/23/2011. She sustained the injury due to slipping and falling on wet floor. The current diagnoses include status post lumbar fusion, facet osteoarthopathy, lumbar radiculopathy and right knee pain. Per the doctor's note dated 10/17/2014, she had complaints of low back pain, right leg pain and right knee pain. The physical examination revealed tenderness and decreased range of motion of lumbar spine, positive straight leg raising test and unchanged right knee examiantion. The medications list includes tramadol, cyclobenzaprine and lidoderm patches. She has had lumbar MRI in 2011 and 2013. She has undergone lumbar fusion on 1/5/2012. She has had physical therapy visits, aquatic therapy visits for this injury.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cyclobenzaprine 7.5mg, #90: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine (Flexeril, Amrix, Fexmid, generic available), Page(s): page 64.

Decision rationale: Cyclobenzaprine is a skeletal muscle relaxant and a central nervous system (CNS) depressant. According to California MTUS, Chronic pain medical treatment guidelines, Cyclobenzaprine is Recommended for a short course of therapy. Cyclobenzaprine is more effective than placebo in the management of back pain. It has a central mechanism of action, but it is not effective in treating spasticity from cerebral palsy or spinal cord disease." According to the records provided patient had complaints of low back pain and physical examination revealed tenderness and decreased range of motion with history of lumbar fusion surgery. According to the cited guidelines Flexeril is recommended for short term therapy and not recommended for longer than 2-3 weeks. Therefore there is evidence of conditions that cause chronic pain with episodic exacerbations. Short term or prn use of cyclobenzaprine in this patient for acute exacerbations would be considered reasonable appropriate and necessary. The request for Cyclobenzaprine 7.5mg, #90 is medically appropriate and necessary to use as prn during acute exacerbations.

Lidoderm 5% patches #2 boxes: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Lidoderm (lidocaine patch).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical analgesics, page 111-113, Lidoderm (lidocaine patch) page 56-57.

Decision rationale: According to the MTUS Chronic Pain Guidelines regarding topical analgesics state that the use of topical analgesics is "Largely experimental in use with few randomized controlled trials to determine efficacy or safety, primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. There is little to no research to support the use of many of these agents." According to the MTUS Chronic Pain Guidelines "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). This is not a first-line treatment and is only FDA approved for post-herpetic neuralgia" MTUS guidelines recommend topical analgesics for neuropathic pain only when trials of antidepressants and anticonvulsants have failed to relieve symptoms. Response and failure of antidepressants and anticonvulsants for these symptoms are not specified in the records provided. Intolerance to oral medications for pain, is not specified in the records provided. Any evidence of post-herpetic neuralgia is not specified in the records provided. The medical necessity of Lidoderm 5% patches #2 boxes is not fully established for this patient.