

Case Number:	CM15-0002319		
Date Assigned:	01/13/2015	Date of Injury:	07/30/2007
Decision Date:	03/16/2015	UR Denial Date:	12/16/2014
Priority:	Standard	Application Received:	01/06/2015

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: California, New York, Florida

Certification(s)/Specialty: Internal Medicine, Pulmonary Disease, Critical Care Medicine

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 31-year-old male who reported injury on 07/30/2007. The mechanism of injury was carrying heavy cables. The injured worker was noted to undergo a laminectomy on 11/28/2007. Prior treatments included medications, a home exercise program and an epidural steroid injection. The injured worker underwent an MRI of the lumbar spine on 01/20/2014 which was noncontributory to the request. The injured worker as noted to be utilizing antidepressant, NSAIDs, PPIs, muscle relaxants, and opiates as of at least 05/2014. The documentation of 10/07/2014 was for an agreed medical examination for internal medicine. The most recent documentation related to the request was dated 08/27/2014. The documentation indicated the medication decreased the injured worker's pain by approximately 20% and the injured worker had an increase in activity and endurance. Previously, prior to the epidural, the injured worker's sitting tolerance was 30 minutes now 1 hour, walking tolerance before was half a block now 2 blocks, and sleep was now a maximum of 1 hour. These results were status post interlaminar injection of L5-S1 on 05/05/2014. The injured worker was noted to ambulate with a cane. The injured worker had a positive straight leg raise bilaterally at 60 degrees. The injured worker had decreased sensation in the bilateral legs at an L5 distribution, right greater than left. The injured worker was unable to heel toe walk. The diagnoses included lumbar radiculitis and lumbar disc reherniation. The treatment plan included an orthopedic consultation, continue the home exercise program, home health, and psych. There was to be a continuation of the medications including Flexeril 10 mg every 6 hours as needed #60. There was no Request for Authorization submitted for review, nor rationale for the requested Lidoderm.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tizanidine 4mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants.

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

Decision rationale: The California MTUS guidelines recommend muscle relaxants as a second line option for the short term treatment of acute low back pain and their use is recommended for less than 3 weeks. There should be documentation of objective functional improvement. The clinical documentation submitted for review indicated the injured worker had utilized the medication for an extended duration of time. There was a lack of documentation of objective improvement and exceptional factors for continuation of the medication. The request as submitted failed to indicate the frequency for the requested medication. Given the above, the request for tizanidine 4 mg #60 is not medically necessary.

Lidoderm 5% patches #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Lidoderm Page(s): 56-57.

Decision rationale: The California Medical Treatment Utilization Schedule guidelines indicate that topical lidocaine (Lidoderm) 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). The clinical documentation submitted for review failed to provide a rationale and an original date of request. There was a lack of documentation indicating the injured worker had a failure of first line therapy. The request as submitted failed to indicate the body part to be treated as well as the frequency for the requested medication. Given the above, the request for Lidoderm 5% patches #60 is not medically necessary.