

Case Number:	CM15-0013205		
Date Assigned:	01/30/2015	Date of Injury:	04/03/2012
Decision Date:	03/30/2015	UR Denial Date:	12/30/2014
Priority:	Standard	Application Received:	01/22/2015

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, Washington

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 44-year-old female who reported an injury on 04/03/2012. The mechanism of injury was not provided. Her diagnoses include lumbar sprain/strain, lumbar disc pathology, lumbar spondylosis, and spasms. Current medications include ibuprofen 600 mg, Ultracet 37.5/325 mg, Flexeril 10 mg, and Lidoderm patch 5%. On 11/26/2014, the injured worker was seen for back pain. The injured worker had a slight flare up with intermittent spasm. She was continuing to work full duty. She requested a refill of medications. Other therapies were noted to include medication, physical therapy, and home exercises. Her pain level was a 4/10. Upon examination, there were spasms bilaterally at the lumbar paraspinals as well as hypertonicity noted the bilateral gluteus and piriformis muscles with tenderness to palpation. Motion was guarded due to pain. Flexion was 45 degrees, extension 15 degrees, and bilateral lateral bend 20 degrees. It was noted the injured worker was permanent and stationary. The injured worker was to return to office on an as needed basis. The Request for Authorization was not provided within the documentation for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Flexeril 10 mg, thirty count with one refill: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants (for Pain) Chapter. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Procedure Summary

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

Decision rationale: The request for Flexeril 10 mg, 30 count with 1 refill is not medically necessary. The California Medical Treatment Utilization Schedule 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 does provide evidence that the patient has been on this medication for an extended duration of time and there is a lack of documentation of objective improvement. There is lack of documentation as to the frequency for request. Therefore, continued use of this medication would not be supported. As such, the request is not medically necessary.

Lidoderm 5% patch, thirty count with one refill: Upheld

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

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

Decision rationale: The request for Lidoderm 5% patch, 30 count with 1 refill is not medically necessary. The California Medical Treatment Utilization Schedule Guidelines state topical analgesics are recommended as an option as indicated below. Largely experimental in use with few randomized controlled trials to determine efficacy or safety. Topical lidocaine, in the formulation of a dermal patch (Lidoderm) has been designated for orphan status by the FDA for neuropathic pain. Lidoderm is also used off label for diabetic neuropathy. There is lack of documentation as to the frequency of the request or the body part to which the patch is to be placed on. The request is not medically necessary.