

Case Number:	CM15-0120308		
Date Assigned:	06/30/2015	Date of Injury:	05/20/2013
Decision Date:	07/31/2015	UR Denial Date:	05/29/2015
Priority:	Standard	Application Received:	06/22/2015

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
 Certification(s)/Specialty: Emergency 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 37 year old male, who sustained an industrial injury on 5/20/13. He reported headache and neck pain. The injured worker was diagnosed as having a concussion with loss of consciousness. Treatment to date has included MRI, CT scan, x-ray, TENS unit and medications. Currently, the injured worker complains of neck, bilateral shoulder and thoracic region pain. The neck pain radiates along the spine and is rated at 8/10. The pain is described as tightness and heaviness. He reports repetitive activity exacerbates the neck and thoracic pain. He reports right sided upper back pain described as burning with intermittent sharp, shooting and stabbing pain in the shoulder blade region. His pain level is rated at 9/10. The injured worker reports sleep disturbance due to the pain. The injured worker is currently diagnosed with neck pain, myofascial pain, clinically consistent cervical radiculitis, right shoulder pain, concussion secondary to injury, headache possible due to concussion and lumbar facetal pain. A note, dated 4/7/15, states the injured worker is experiencing some therapeutic efficacy with his current medication regimen and the TENS unit. The note also states there are spasms in the cervical paraspinal muscles and stiffness in the cervical spine. An abnormal sensation to light touch is noted at the left C7 dermatome and there is tenderness in the right shoulder joint. There are no deficits noted in upper extremity strength bilaterally. The injured worker is currently working full time with modifications. The following medications are being requested; Flexeril 10 mg #30, Norco 10/325 #120, Lidoderm patch 5% #30 to continue to decrease/alleviate the injured workers pain and discomfort.

IMR ISSUES, DECISIONS AND RATIONALES

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

Flexeril 10mg #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine (Flexeril) Page(s): 41.

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

Decision rationale: Flexeril is cyclobenzaprine, a muscle relaxant. As per MTUS guidelines, evidence show that it is better than placebo but is considered a second line treatment due to high risk of adverse events. It is recommended only for short course of treatment for acute exacerbations. There is some evidence of benefit in patients with fibromyalgia. Patient has been on this medication chronically. There is no documentation of objective improvement or any muscle spasms on exam or complaint. Patient still has muscle spasms and significant pain on documentation. There is no noted plan for weaning. Flexeril is not medically necessary.

Norco 10/325mg #120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 78.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 76-79.

Decision rationale: Norco is acetaminophen and hydrocodone, an opioid. Patient has chronically been on an opioid pain medication. As per MTUS Chronic pain guidelines, documentation requires appropriate documentation of analgesia, activity of daily living, adverse events and aberrant behavior. Documentation fails criteria. Patient has persistent severe pain on documentation. There is no documentation of objective improvement in pain or function. Provider has failed to document appropriate monitoring for abuse or side effects with no noted urine drug screen or pain contract documented. Norco is not medically necessary.

Lidoderm patch 5% #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Lidoderm (Lidocaine Patch) Page(s): 56.

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

Decision rationale: As per MTUS chronic pain guidelines, Lidoderm/Lidocaine patch is only approved for peripheral neuropathic pain, specifically post-herpetic neuralgia. There is poor evidence to support its use in other neuropathic pain such as patient's diagnosis of radiculopathy.

It may be considered after failure of 1st line treatment. Patient has reportedly on lyrica but there is no documentation of what occurred of it any other medications was attempted. Lidocaine patch is not medically necessary.