

Case Number:	CM15-0124158		
Date Assigned:	07/08/2015	Date of Injury:	09/29/2011
Decision Date:	08/05/2015	UR Denial Date:	06/01/2015
Priority:	Standard	Application Received:	06/27/2015

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: Massachusetts

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:

This injured worker is a 52-year-old female, with industrial injury on 9/29/2011. Her diagnoses, and or impression, were noted to include: lumbar radiculitis, spondylolisthesis, facet pain and myofascial pain. No current imaging studies were noted. Her treatments were noted to include a home exercise program; medication management; and modified work duties. The progress notes of 4/9/2015 reported a follow-up evaluation for persistent lumbar mechanical pain with lumbar radiculitis. Objective findings were noted to include positive sacral 1-2; positive musculoskeletal pain; positive anxiety; tenderness with spasms and stiffness in the lumbar paraspinal muscles, posterior superior iliac spine, and lumbar facet joints; and an antalgic gait on the right. The physician's requests for treatments were noted to include Cyclobenzaprine and Lidoderm Patches.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cyclobenzaprine 10mg quantity 30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants (for pain) Page(s): 63-64.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines (1) Cyclobenzaprine (Flexeril), (2) Muscle relaxants Page(s): 41, 63.

Decision rationale: The claimant sustained a work injury in September 2011 and continues to be treated for low back pain radiating into the right lower extremity. Medications are referenced as allowing her to perform routine activities with improved pain and activity tolerance. When seen, pain was rated at 8/10. There was an antalgic gait. There was tenderness over the right posterior superior iliac spine and lumbar facet joints. There was lumbar paraspinal muscle tenderness and there were muscle spasms. There was an antalgic gait. Patrick's test was positive on the right. Medications had included cyclobenzaprine and Lidoderm prescribed since at least November 2014. Cyclobenzaprine is closely related to the tricyclic antidepressants. It is recommended as an option, using a short course of therapy and there are other preferred options when it is being prescribed for chronic pain. Although it is a second-line option for the treatment of acute exacerbations in patients with muscle spasms, short-term use only of 2-3 weeks is recommended. In this case, the quantity being prescribed is consistent with ongoing long term use and was not medically necessary.

Lidoderm 5% quantity 30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-112.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines (1) Lidoderm (lidocaine patch). (2) Topical Analgesics Page(s): 56-57, 111-113.

Decision rationale: The claimant sustained a work injury in September 2011 and continues to be treated for low back pain radiating into the right lower extremity. Medications are referenced as allowing her to perform routine activities with improved pain and activity tolerance. When seen, pain was rated at 8/10. There was an antalgic gait. There was tenderness over the right posterior superior iliac spine and lumbar facet joints. There was lumbar paraspinal muscle tenderness and there were muscle spasms. There was an antalgic gait. Patrick's test was positive on the right. Medications had included cyclobenzaprine and Lidoderm prescribed since at least November 2014. In terms of topical treatments, topical lidocaine in a formulation that does not involve a dermal-patch system could be recommended for localized peripheral pain. Lidoderm is not a first-line treatment and is only FDA approved for postherpetic neuralgia. Further research is needed to recommend this treatment for chronic neuropathic pain disorders other than postherpetic neuralgia. In this case, there are other topical treatments that could be considered. Therefore, Lidoderm was not medically necessary.