

Case Number:	CM15-0129233		
Date Assigned:	07/15/2015	Date of Injury:	11/04/1997
Decision Date:	08/11/2015	UR Denial Date:	06/26/2015
Priority:	Standard	Application Received:	07/02/2015

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: New Jersey, Alabama, California
 Certification(s)/Specialty: Neurology, Neuromuscular 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 70 year old female, who sustained an industrial injury on November 4, 1997. The injured worker was diagnosed as having status post bilateral total hip replacement, lumbar fusion, pubic symphysis and sciatica. Treatment to date has included oral and topical medication and aqua therapy. A progress note dated May 28, 2015 provides the injured worker complains of back pain radiating to the lower extremities. She reports aqua therapy and Lidoderm patch help reduce pain from 6/10 to 2/10. The Lidoderm patch improves ambulation making activities of daily living (ADL) easier. She reports Oxycontin helps with flare ups and Robaxin decreases her spasms. Physical exam notes lumbar tenderness on palpation, healed surgical scar and decreased range of motion (ROM) with positive straight leg raise. The plan includes Lidoderm, Oxycodone, Robaxin, lab work, aqua therapy and follow-up.

IMR ISSUES, DECISIONS AND RATIONALES

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

Robaxin 500mg #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxant Page(s): 63, 65.

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

Decision rationale: According to MTUS guidelines, Robaxin, a non sedating muscle relaxants, is recommended with caution as a second line option for short term treatment of acute exacerbation in patients with chronic spasm and pain. Efficacy appears to diminish over time and prolonged use may cause dependence. The patient in this case does not have clear evidence of spasm and the prolonged use of Flexeril is not justified. There is no clear documentation of the efficacy of previous use of Robaxin. Therefore, the request of Robaxin 500mg #30 is not medically necessary.

Lidoderm 5% (unspecified quantity): Upheld

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

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

Decision rationale: According to MTUS guidelines, "Lidoderm is the brand name for a lidocaine patch produced by Endo Pharmaceuticals. 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." In this case, there is no documentation that the patient developed neuropathic pain that did not respond to first line therapy and the need for Lidoderm patch is unclear. There is no documentation of efficacy of previous use of Lidoderm patch. Therefore, the prescription of Lidoderm 5% is not medically necessary.