MAXIMUS Federal Services

Case Number:	CM15-0170441		
Date Assigned:	09/14/2015	Date of Injury:	12/08/2004
Decision Date:	10/19/2015	UR Denial Date:	08/24/2015
Priority:	Standard	Application Received:	08/28/2015

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: Texas, New York, California
Certification(s)/Specialty: Preventive Medicine, Occupational 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 applicant is a represented 50-year-old who has filed a claim for chronic shoulder pain reportedly associated with an industrial injury of December 8, 2014. In a Utilization Review report dated August 24, 2015, the claims administrator failed to approve requests for Flexeril and Lidoderm patches. An August 14, 2015 date of service was cited in the determination. The applicant's attorney appealed. On an application dated August 28, 2015, both Flexeril and Lidoderm patches were seemingly appealed. On August 28, 2015, the applicant reported ongoing complaints of low back pain. Lidoderm patches were endorsed. The note was somewhat difficult to follow. The applicant's complete medication list was not clearly detailed, although it appeared that the applicant was using Valium, Flexeril, and Cymbalta. It was suggested toward the bottom of the note that the applicant was working with a 10-pound lifting limitation in place. Norco was also endorsed toward the bottom of the note.

IMR ISSUES, DECISIONS AND RATIONALES

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

Flexeril 10mg Qty: 120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Cyclobenzaprine (Flexeril).

Decision rationale: No, the request for Flexeril (cyclobenzaprine) was not medically necessary, medically appropriate, or indicated here. As noted on page 41 of the MTUS Chronic Pain Medical Treatment Guidelines, the addition of cyclobenzaprine or Flexeril to other agents is deemed "not recommended." Here, the applicant was, in fact, using a variety of other agents, including Norco, Cymbalta, Lidoderm patches, Valium, etc. The addition of cyclobenzaprine or Flexeril to the mix was not recommended. It was further noted that the 120-tablet supply of Flexeril at issue represents treatment well in excess of the "short course of therapy" for which cyclobenzaprine is recommended, per page 41 of the MTUS Chronic Pain Medical Treatment Guidelines. Therefore, the request is not medically necessary.

Lidocaine patch 5% 12 hours on/off Qty: 120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Lidoderm (lidocaine patch).

Decision rationale: Similarly, the request for topical Lidoderm patches was likewise not medically necessary, medically appropriate, or indicated here. While page 112 of the MTUS Chronic Pain Medical Treatment Guidelines does acknowledge that topical Lidoderm patches are indicated in the treatment of localized peripheral pain or neuropathic pain in applicants in whom there has been a trial of first-line therapy with antidepressants and/or anticonvulsants, here, however, the applicant's concomitant usage of Cymbalta, an antidepressant adjuvant medication, effectively obviated the need for the Lidoderm patches in question. Therefore, the request was not medically necessary.