MAXIMUS Federal Services

Case Number:	CM15-0071127		
Date Assigned:	04/21/2015	Date of Injury:	11/14/2013
Decision Date:	05/21/2015	UR Denial Date:	04/08/2015
Priority:	Standard	Application Received:	04/15/2015

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: Physical Medicine & Rehabilitation

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 29 year old female, who sustained an industrial injury on 11/14/2013. The medical records submitted for this review did not include the details regarding the initial injury. Diagnoses include cervical sprain, strain, lumbosacral sprain/strain, headache, and myofascial pain. Treatments to date include medication therapy. Currently, she complained of a severe headache that began two days prior and become worse with bending forward. On 3/19/15, the physical examination documented cervical tenderness and muscle spasm and tenderness to palpation of bilateral trapezius muscles. The plan of care included continuation of medication therapy as previously prescribed.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lidopro patches, fifteen count, provided on March 19, 2015: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines topical lidocaine Page(s): 56-57, 112. Decision based on Non-MTUS Citation Official disability guidelines, Pain chapter, Lidoderm.

Decision rationale: This patient presents with neck and back pain with headaches. The request is for Lidopro patches, fifteen counts, provided on March 19, 2015. RFA date is 3/09/15 per utilization review letter dated 04/08/15. The patient is currently working part-time. MTUS guidelines page 57 states, "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 or Lyrica)." MTUS Page 112 also states, "Recommended for localized peripheral pain." When reading ODG guidelines, it specifies that Lidoderm patches are indicated as a trial if there is "evidence of localized pain that is consistent with a neuropathic etiology." ODG further requires documentation of the area for treatment, trial of a short-term use with outcome documenting pain and function." Review of the reports shows prior use of Lidopro patches. Per 03/09/15 report, the patent has been using LidoPro cream, HEP, and TENS with oral medications for pain control. Per 02/10/15, the pain level is at 2/10 with medications and at 8/10 without medications. However, the patient does not present with peripheral arthritic joint pain for which a topical NSAID would be indicated. Lidopro contains salicylate, an NSAID. Topical lidocaine is indicated for peripheral localized neuropathic pain which this patient does not present with either. The request IS NOT medically necessary.

Cyclobenzaprine 7.5 mg, sixty count, provided on March 19, 2015: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines muscle relaxants Page(s): 63-66.

Decision rationale: This patient presents with neck and back pain with headaches. The request is for Cyclobenzaprine 7.5 mg, sixty counts, provided on March 19, 2015. RFA date is 3/09/15 per utilization review letter dated 04/08/15. The patient is currently working part-time. MTUS pages 63-66 states: "Muscle relaxants (for pain): Recommend non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic LBP. The most commonly prescribed antispasmodic agents are carisoprodol, cyclobenzaprine, metaxalone, and methocarbamol, but despite their popularity, skeletal muscle relaxants should not be the primary drug class of choice for musculoskeletal conditions. Cyclobenzaprine (Flexeril, Amrix, Fexmid, generic available): Recommended for a short course of therapy." Review of reports does not show prior use of Cyclobenzaprine. Per 03/19/15 report, the patient reported severe headache that began 2 days prior to the office visit. The treater noted on the same report that "headaches likely tension HA" and prescribed Cyclobenzaprine of 2 month supply for muscle spasm. It would appear that the treater is prescribing this medication for the patient's headaches. However, the guidelines recommend this medication for acute exacerbations in patients with chronic low back pain and no more than 2-3 weeks use for this medication. The request IS NOT medically necessary.