

Case Number:	CM15-0093436		
Date Assigned:	05/19/2015	Date of Injury:	04/30/2012
Decision Date:	06/19/2015	UR Denial Date:	05/12/2015
Priority:	Standard	Application Received:	05/14/2015

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 46 year old male, who sustained an industrial injury on April 30, 2012. He reported that while pulling a heavy pallet he felt a pop over his lower back and weakness radiating into the left lower extremity and into the right side. The injured worker was diagnosed as having thoracic or lumbosacral neuritis or radiculitis and sprain/strain of the lumbar region. Treatment to date has included physical therapy, chiropractic treatments, lumbar epidural steroid injection (ESI), median branch blocks, radiofrequency ablation, MRI, and medication. Currently, the injured worker complains of lower back pain and left lower extremity pain. The Treating Physician's report dated April 28, 2015, noted the injured worker reported his pain as a 7/10 without medication, with 0 being no pain, and 10 the worst pain possible, unchanged since previous visit. The injured worker reported the medications were helping, tolerating the medications well, noted to have his pain symptoms adequately managed with the current medication regimen. The injured worker's current medications were listed as Gabapentin, Terocin patch, Ketoprofen, Omeprazole, Lexapro, Lidopro ointment, and Tramadol HCL. Physical examination was noted to show the lumbar spine range of motion (ROM) restricted, limited by pain, with tenderness to palpation of the paravertebral muscles, with tight muscle band noted on the left side. Spinous process tenderness was noted on L5, with positive left side lumbar facet loading, and bilateral positive straight leg raise. The treatment plan was noted to include discontinuation of Ketoprofen, Omeprazole, and Terocin patches, with a prescription for Cyclobenzaprine, and refills of the Tramadol HCL, and the Lidopro ointment.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cyclobenzaprine 7.5mg quantity 60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants, pg 128.

Decision rationale: Guidelines do not recommend long-term use of this muscle relaxant for this chronic injury. Additionally, the efficacy in clinical trials has been inconsistent and most studies are small and of short duration. These medications may be useful for chronic musculoskeletal pain, but there are no long-term studies of their effectiveness or safety. Submitted reports have not adequately demonstrated the indication or medical need for this treatment and there is no report of significant clinical findings, acute flare-up or new injury to support for its long-term use. There is no report of functional improvement resulting from its previous treatment to support further use as the patient remains unchanged. The Cyclobenzaprine 7.5mg quantity 60 is not medically necessary and appropriate.

Lidopro Ointment: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics, pages 111-113.

Decision rationale: Chronic symptoms and clinical findings remain unchanged with medication refilled. The patient exhibits diffuse tenderness and pain on the exam to the spine and extremities with radiating symptoms. The chance of any type of topical improving generalized symptoms and functionality significantly with such diffuse pain is very unlikely. Topical Lidocaine is indicated for post-herpetic neuralgia, according to the manufacturer. There is no evidence in any of the medical records that this patient has a neuropathic source for the diffuse pain. Without documentation of clear localized, peripheral pain to support treatment with Lidocaine along with functional benefit from treatment already rendered, medical necessity has not been established. There are no evidenced-based studies to indicate efficacy of capsaicin 0.0325% formulation over oral delivery. There is no documentation of intolerance to oral medication as the patient is also on other oral analgesics. The Lidopro Ointment is not medically necessary and appropriate.