MAXIMUS Federal Services

Case Number:	CM15-0094090		
Date Assigned:	05/20/2015	Date of Injury:	08/15/2008
Decision Date:	06/19/2015	UR Denial Date:	04/16/2015
Priority:	Standard	Application Received:	05/15/2015

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 was a 45 year old female, who sustained an industrial injury, August 15, 2008. The injury was sustained when the injured worker was lifting a box of batteries, the box kept slipping out of grip and after that noticed pain in the lower back. As the day passed the injured worker felt pain in the left elbow, left side of the neck and in the back. The injured worker previously received the following treatments Prilosec, Celebrex, left shoulder MRI, trigger point injections to the lower back, trigger point injection to the right shoulder, trigger point injection to the cervical spine, EMG/NCS (electrodiagnostic studies and nerve conduction studies) of the left upper limb was normal, left shoulder MRI showed mild impingement with tendinitis and a joint effusion at the Glenohumeral joint space, physical therapy, Naproxen, Pantoprazole, Celebrex, Cyclobenzaprine, psychiatric care and home exercise program. The injured worker was diagnosed with cervical /thoracic spine strain, depression, status post left shoulder arthroscopic surgery, postoperative left elbow surgery, chronic myofascial pain syndrome of the cervical spine, chronic sprain injury of the left shoulder, status post left ulnar nerve release and left carpal tunnel syndrome. According to progress note of February 12, 2015, the injured workers chief complaint was pain in the neck at all times with radiation to both shoulders, left greater than the right. Right shoulder pain present sometimes. There was frequent pain in both wrists with equal radiation to the scapulae. The low back pain present sometimes without radiation. The left shoulder pain present at all times. The injure worker was taking less medication due to the trigger pint injections to the neck. The injured worker was depressed, anxious and difficulty with sleeping. The physical exam of the cervical neck noted occipital

notch tenderness, paraspinal musculature tenderness, and rhomboid tenderness bilaterally and left greater than the right trapezius tenderness. The Spurling's test on the right caused pain on the left and to the left caused pain on the right. The right and left shoulder exams noted tenderness of the acromioclavicular joint left and right, bicipital tendon tenderness bilaterally, medial epicondyle tenderness on the left, lateral epicondyle tenderness on the right, dorsal wrist tenderness bilaterally, volar wrist tenderness bilaterally, carpometacarpal joint tenderness on the right. The Hawkin's test was positive on the right. The Neer's test was positive bilaterally, The Finkelstein and Tinel's tests were positive on the right. The treatment plan included prescriptions for Flexeril and Lidoderm Patches.

IMR ISSUES, DECISIONS AND RATIONALES

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

30 tablets of Flexeril 10mg: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine (Flexeril) Page(s): 41-42.

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 30 tablets of Flexeril 10mg is not medically necessary and appropriate.

30 Lidocaine 5% patches: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Medications, 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 is no documentation of intolerance to oral medication as the patient is also on other oral analgesics. The 30 Lidocaine 5% patches is not medically necessary and appropriate.