

Case Number:	CM15-0095072		
Date Assigned:	05/21/2015	Date of Injury:	06/30/2013
Decision Date:	07/17/2015	UR Denial Date:	05/15/2015
Priority:	Standard	Application Received:	05/18/2015

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 55-year-old who has filed a claim for chronic shoulder, midback, and neck pain with derivative complaints of psychosocial stress and insomnia reportedly associated with an industrial injury of June 30, 2013. In a Utilization Review report dated May 15, 2015, the claims administrator failed to approve requests for Flexeril and Lidoderm patches. In a January 21, 2015 progress note, the applicant reported ongoing complaints of neck and shoulder pain. The applicant exhibited primary diagnosis of right shoulder rotator cuff syndrome. MRI imaging of the rotator cuff was sought. Physical therapy was endorsed. The applicant was overweight, with a BMI of 30. Medication selection and medication efficacy were not detailed. On December 2, 2014, the applicant's pain management physician prescribed Naprosyn, Lidoderm, and Flexeril. Work restrictions were endorsed. It was not clearly stated whether the applicant was or was not working with said limitations in place. The attending provider stated that the applicant's medications were beneficial but did not elaborate further. The attending provider stated the applicant's medications were beneficial and suggested (but did not clearly state) the applicant was able to work as a result of medication consumption at a rate of 36 hours per week. The attending provider stated that the applicant's ability to lift, carry, and reach overhead had all been ameliorated as a result of ongoing medication consumption.

IMR ISSUES, DECISIONS AND RATIONALES

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

Flexeril10mg, #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine (Flexeril) Page(s): 41.

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 not recommended. Here, the applicant was, in fact, using a variety of other agents, including Naprosyn and Lidoderm patches. Adding cyclobenzaprine or Flexeril to the mix was not recommended. It was further noted that the 60-tablet supply of cyclobenzaprine (Flexeril) at issue, in and of itself, represents treatment 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 was not medically necessary.

Lidoderm Patches #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 122.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Lidocaine; Pain Mechanisms Page(s): 112; 3.

Decision rationale: Similarly, the request for 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, there is no mention of the applicants having tried and/or failed antidepressants, adjuvant medications, or anticonvulsant adjuvant medications prior to selection, introduction, and/or ongoing usage of Lidoderm patches in question. It is further noted that the applicant, per multiple treating providers, carried a primary diagnosis of right shoulder rotator cuff syndrome. The applicant reported issues with mechanical shoulder pain, it was suggested above. The attending provider did not clearly report symptoms of numbness, tingling, burning like sensations, paresthesias, etc., which characterize neuropathic pain, per page 3 of the MTUS Chronic Pain Medical Treatment Guidelines. Therefore, the request was not medically necessary.