

Case Number:	CM15-0098758		
Date Assigned:	06/01/2015	Date of Injury:	05/29/2013
Decision Date:	07/02/2015	UR Denial Date:	05/14/2015
Priority:	Standard	Application Received:	05/21/2015

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, Pain Management

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 44 year old female who sustained an industrial injury on 05/29/2013. The injured worker was diagnosed with cervical strain, cervical disc herniation and thoracic lumbar strain. Treatment to date includes diagnostic testing with cervical magnetic resonance imaging (MRI) in October 2013, heat/ice, Ketorolac injection, chiropractic therapy, physical therapy and medications. According to the primary treating physician's progress report on May 6, 2015, the injured worker continues to experience neck pain with numbness in her fingers. The injured worker rates her pain level at 9/10. The injured worker requested a Toradol injection for her pain flare-up. Examination of the cervical spine demonstrated mild cervical tenderness and paraspinal muscle spasms. Cervical range of motion was decreased by 20%. Normal reflex, sensation and motor strength to the bilateral upper and lower extremities were documented. The injured worker was able to heel and toe walk. Femoral stretch, Lhermitte's, Spurling's signs, straight leg raise and bowstring were negative bilaterally. Left shoulder testing was negative with full range of motion. Toradol 60mg intramuscularly was administered. Current medications are listed as Ultram, Flexeril, Naproxen and Lidocaine 5% patches. Treatment plan consists of chiropractic therapy and the current request for Flexeril, Naproxen and Lidocaine 5% patches renewals.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lidocaine 5% patches #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Lidoderm (lidocaine patch) Page(s): 56-57.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical lidocaine Page(s): 112.

Decision rationale: Regarding request for topical Lidoderm, Chronic Pain Medical Treatment Guidelines recommend the use of topical lidocaine for localized peripheral pain after there has been evidence of a trial of the first line therapy such as tricyclic antidepressants, SNRIs, or antiepileptic drugs. Within the documentation available for review, there is no documentation of localized peripheral neuropathic pain as recommended by guidelines. The patient's pain appears to be musculoskeletal in etiology, which is not an approved indication per guidelines. As such, the currently requested Lidoderm is not medically necessary.

Naproxen 550mg #90: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs Page(s): 67.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs Page(s): 67-72.

Decision rationale: Regarding the request for Naproxen, Chronic Pain Medical Treatment Guidelines state that NSAIDs are recommended at the lowest dose for the shortest period in patients with moderate to severe pain. Within the documentation available for review, there is indication that medication overall are providing benefit. Naproxen is a first line medication for musculoskeletal pain. Given this, the currently requested Naproxen is medically necessary.

Flexeril 10mg #90: Upheld

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

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

Decision rationale: Regarding the request for cyclobenzaprine, Chronic Pain Medical Treatment Guidelines support the use of non-sedating muscle relaxants to be used with caution as a 2nd line option for the short-term treatment of acute exacerbations of pain. Guidelines go on to state that cyclobenzaprine specifically is recommended for a short course of therapy. Within the documentation available for review, there is no identification of a specific analgesic benefit or objective functional improvement as a result of the cyclobenzaprine. Additionally, it does not appear that this medication is being prescribed for the short-term treatment of an acute exacerbation, as recommended by guidelines. The records indicate prescription of this medication since at least Feb 2015. Given this, the current request is not medically necessary.