

Case Number:	CM13-0047056		
Date Assigned:	12/27/2013	Date of Injury:	06/27/2000
Decision Date:	01/29/2015	UR Denial Date:	10/10/2013
Priority:	Standard	Application Received:	11/04/2013

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. The expert reviewer is Board Certified in Occupational Medicine and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 [REDACTED] employee who has filed a claim for chronic low back pain reportedly associated with an industrial injury of June 27, 2000. Thus far, the applicant has been treated with the following: Analgesic medications; topical medication; earlier lumbar laminectomy; and unspecified amounts of physical therapy over the course of the claim. In a Utilization Review Report dated October 11, 2013, the claims administrator denied a request for lidocaine, approved a request for trazodone (Desyrel), denied a request for Fexmid, and approved a request for MS Contin. The claims administrator cited a September 16, 2013 progress notes in its report. The claims administrator suggested that the applicant had had two prior lumbar spine surgeries. On October 14, 2013, the applicant report ongoing complaints of low back pain radiating to the legs. The attending provider posited that topical lidocaine had been beneficial. Highly variable pain ranging from 4/10 with medications versus 8-10/10 without medication was reported. The attending provider stated that the applicant was performing home exercises, including walking. The applicant's medications list included MS Contin, Norco, Fexmid, Desyrel, lidocaine, aspirin, and Wellbutrin. The applicant was a type 1 diabetic and an asthmatic, it was acknowledged. The applicant was described as "medically retired" person, at age 53 as of this point in time. Multiple medications were renewed, including lidocaine-Prilocaine cream. Trazodone is also refilled. On September 16, 2013, the applicant again reported persistent complaints of low back pain radiating to the bilateral lower extremities, exacerbated by sitting, standing, walking, bending, and working. 4/10 pain with medications versus 8-10/10 pain without medications was reported. The applicant's medication list included MS Contin, Norco, Fexmid, Desyrel, aspirin, and Wellbutrin. Multiple medications were refilled, including MS Contin, lidocaine, Desyrel, and Flexeril. The attending provider

suggested that the applicant also obtain aquatic therapy. Permanent work restrictions were renewed which were, in fact, resulting in the applicant's removal from the workplace.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lidocaine HCL3 percent crea (Lidocaine HCL) applied to affected area BID-TID pm pain:
Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-112.

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

Decision rationale: While page 112 of the MTUS Chronic Pain Medical Treatment Guidelines does acknowledge that topical Lidocaine is indicated in the treatment of localized peripheral pain/neuropathic pain in applicants in whom there has been a trial of first line therapy of antidepressants and/or anticonvulsants. In this case, however, the applicant's ongoing usage of Wellbutrin and Trazodone, antidepressant adjuvant medications, effectively obviated the need for the topical Lidocaine cream at issue. Therefore, the request was not medically necessary.

Flexmid 7.5mg tabs (Cyclobenzaprine HCL) 1 po Q8-12 prn pain, #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 64.

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

Decision rationale: As noted on page 41 of the MTUS Chronic Pain Medical Treatment Guidelines, the addition of cyclobenzaprine or Fexmid to other agents is not recommended. In this case, the applicant is using a variety of other agents, including MS Contin, Wellbutrin, Desyrel, etc. Adding cyclobenzaprine or Flexeril to the mix is not recommended. It is further noted that the 90-tablet supply of Fexmid (cyclobenzaprine) at issue represent treatment well 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.