
Independent Medical Review Final Determination Letter

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[REDACTED]
[REDACTED]
[REDACTED]
[REDACTED]

Dated: 12/30/2013

IMR Case Number:	CM13-0024020	Date of Injury:	10/22/2010
Claims Number:	[REDACTED]	UR Denial Date:	08/13/2013
Priority:	STANDARD	Application Received:	09/13/2013
Employee Name:	[REDACTED]		
Provider Name:	[REDACTED]		
Treatment(s) in Dispute Listed on IMR Application:			
RX: CYMBALTA 60MG QD / CYMBALTA 60 MILLIGRAMS EVERY DAY IS MEDICALLY NECESSARY. IBUPROFEN 600MG TID / IBUPROFEN 600 MILLIGRAMS THREE TIMES A DAY IS MEDICALLY NECESSARY. LIDODERM PATCHES X3 QD / LIDODERM PATCHES X3 EVERY DAY ARE NOT			

DEAR [REDACTED]

MAXIMUS Federal Services has completed the Independent Medical Review (“IMR”) of the above workers’ compensation case. This letter provides you with the IMR Final Determination and explains how the determination was made.

Final Determination: UPHOLD. This means we decided that none of the disputed items/services are medically necessary and appropriate. A detailed explanation of the decision for each of the disputed items/services is provided later in this letter.

The determination of MAXIMUS Federal Services and its physician reviewer is deemed to be the Final Determination of the Administrative Director of the Division of Workers’ Compensation. This determination is binding on all parties.

In certain limited circumstances, you can appeal the Final Determination. Appeals must be filed with the Workers’ Compensation Appeals Board within 30 days from the date of this letter. For more information on appealing the final determination, please see California Labor Code Section 4610.6(h).

Sincerely,

Paul Manchester, MD, MPH
Medical Director

cc: Department of Industrial Relations, [REDACTED]

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician 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 physician 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.

DOCUMENTS REVIEWED

The following relevant documents received from the interested parties and the documents provided with the application were reviewed and considered. These documents included:

- [REDACTED]
- [REDACTED]
- [REDACTED]
- [REDACTED]

CLINICAL CASE SUMMARY

The physician reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

All medical, insurance, and administrative records provided were reviewed.

The applicant is a represented [REDACTED] employee who has filed a claim for chronic low back pain reportedly associated with an industrial injury of October 22, 2010.

Thus far, the applicant has been treated with the following: Analgesic medications; adjuvant medications; psychotropic medication; transfer of care to and from various providers in various specialties; attorney representation; and work restrictions. It does not appear that the applicant has returned to work with limitations in place.

In an August 13, 2013 utilization review report, the claims administrator approved the request for Cymbalta, approved the request for ibuprofen, denied the request for Lidoderm, denied the request for Skelaxin, and denied the request for Flexeril. The applicant's attorney later appealed, on September 11, 2013.

An earlier progress report of August 9, 2013 is notable for comments that the applicant should pursue a surgical remedy for her large thoracic disk herniation. In an earlier note of July 16, 2013, the applicant presents with chronic neck pain, left leg pain, insomnia, and depression. The applicant is asked to continue Skelaxin, Motrin, Lidoderm, and Cymbalta. On a later note of August 23, 2013, it is stated these medications are well tolerated. The applicant is asked to pursue the surgical remedy endorsed by her neurosurgeon

IMR DECISION(S) AND RATIONALE(S)

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

1. Lidoderm patches x3 is not medically necessary and appropriate.

The Claims Administrator based its decision on the CA MTUS Guidelines; a specific citation was not provided on the Utilization Review Determination.

The Physician Reviewer based his/her decision on the Chronic Pain Medical Treatment Guidelines, Topical Analgesics, page 112, which is part of the MTUS.

The Physician Reviewer's decision rationale:

As noted on page 112 of the MTUS Chronic Pain Medical Treatment Guidelines, topical Lidoderm is indicated as a third line option for localized peripheral pain/neuropathic pain after there has been evidence of a trial of first line antidepressants and/or anticonvulsants. In this case, however, the applicant has and is using a first line SNRI antidepressant, Cymbalta, with reportedly good effect, effectively obviating the need for topical Lidoderm patches. Therefore, the request remains non-certified, on independent medical review.

2. Skelaxin 800mg three times a day is not medically necessary and appropriate.

The Claims Administrator based its decision on the CA MTUS Guidelines; a specific citation was not provided on the Utilization Review Determination.

The Physician Reviewer based his/her decision on the Chronic Pain Medical Treatment Guidelines, Metazalone (Skelaxin®), page 61, which is part of the MTUS.

The Physician Reviewer's decision rationale:

As noted on page 61 of the MTUS Chronic Pain Medical Treatment Guidelines, Skelaxin is recommended with caution as a second-line option for short-term pain relief in those individuals with chronic low back pain. While a shorter course of Skelaxin could have been supported as the applicant was reporting good effect with the same, the thrice daily scheduled usage of Skelaxin proposed by the attending provider cannot, as page 61 of the MTUS Chronic Pain Medical Treatment Guidelines only endorses short-term usage of the same.

3. Flexeril 10mg oral, as needed is not medically necessary and appropriate.

The Claims Administrator based its decision on the CA MTUS Guidelines; a specific citation was not provided on the Utilization Review Determination.

The Physician Reviewer based his/her decision on the Chronic Pain Medical Treatment Guidelines, Cyclobenzaprine (Flexeril®), page 41, which is part of the MTUS.

The Physician Reviewer's decision rationale:

As noted on page 41 of the MTUS Chronic Pain Medical Treatment Guidelines, addition of cyclobenzaprine, a sedating muscle relaxant, to other agents is not recommended. In this case, the applicant is using numerous analgesic and adjuvant medications, including Skelaxin, Motrin, and Cymbalta. Adding cyclobenzaprine or Flexeril to the mix is not indicated. Therefore, the original utilization review decision is upheld. The request remains non-certified, on independent medical review.

Disclaimer: MAXIMUS is providing an independent review service under contract with the California Department of Industrial Relations. MAXIMUS is not engaged in the practice of law or medicine. Decisions about the use or nonuse of health care services and treatments are the sole responsibility of the patient and the patient's physician. MAXIMUS is not liable for any consequences arising from these decisions.

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CM13-0024020