Case Number:	CM17-0009995		
Date Assigned:	01/19/2017	**Date of Injury:**	10/31/2016
Decision Date:	02/16/2017	**UR Denial Date:**	01/13/2017
Priority:	Standard	**Application Received:**	01/16/2017

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
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:

This case involves a now 54-year-old female with a history of an occupational claim from 10/31/2016. The mechanism of injury is detailed as a slip and fall. The current diagnosis is documented as strain of left hip. Past treatments were noted to include medication and activity modification. Diagnostic studies were noted to include an official MRI of the lumbar spine performed on 01/18/2017. During the assessment on 12/07/2016, the patient complained of low back pain. She rated her pain as 6/10. The patient reported no change to her symptoms. The patient described her pain as sharp and dull, aggravated with extension of the spine. The patient reported radiating pain into the left buttock, posterolateral aspect of the left thigh, and occasionally radiating into the lateral aspect of the left calf and plantar surface of the left foot. The physical examination of the lumbar spine revealed tenderness to palpation of the left paraspinal musculature--particularly at the lumbosacral junction--where spasm was appreciated. There was exquisite tenderness to palpation of the left greater sciatic notch. The patient's medications were noted to include cyclobenzaprine, famotidine, ketoprofen, and LidoPro ointment. The treatment plan was to continue with the current medication regimen. A Request for Authorization form for the services requested was not provided for review. A prior determination dated 01/13/2017 was found not medically necessary due to evidence that the patient had been using cyclobenzaprine for an extended duration of time, no documented ongoing gastrointestinal complaints to support the ongoing use of famotidine, and no evidence of a failure of antidepressants and anticonvulsants to support the requested topical ointment.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective Cyclobenzaprine 7.5mg #60, per 12/07/2016 order was the original request. Retrospective Cyclobenzaprine 7.5mg #42, per 12/07/2016 order was authorized by the Claims Administrator. The remaining IMR eligible portion of the original request, Retrospective Cyclobenzaprine 7.5mg #18, per 12/07/2016 order is: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2016, Section(s): Cyclobenzaprine (Flexeril), Muscle relaxants (for pain).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2016, Section(s): Cyclobenzaprine (Flexeril).

Decision rationale: The California MTUS 2016 Chronic Pain Guidelines recommend muscle relaxants as a second line option for the short term treatment of acute low back pain and their use is recommended for less than 3 weeks. The treatment plan was to continue with the current medication regimen. However, there was evidence that the patient has been on this medication since at least 10/31/2016, exceeding the guideline recommendation for short term use. Given the above, the request is not medically necessary.

Retrospective Famotidine 20mg #60, per 12/07/2016 order: Upheld

Claims Administrator guideline: The Claims Administrator based their decision on recommendation(s) outside of the MTUS Guidelines. Decision based on Non-MTUS Citation http://www.drugs.com/famotidine.html.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2016, Section(s): NSAIDs, GI symptoms & cardiovascular risk.

Decision rationale: The California MTUS 2016 Chronic Pain Guidelines state that treatment of dyspepsia secondary to non-steroidal anti-inflammatory drug therapy should include, stopping the non-steroidal anti-inflammatory drug, switch to a different non-steroidal anti-inflammatory drug, or consider H2-receptor antagonists or a proton pump inhibitor. The treatment plan was to continue with the current medication regimen. However, there was a lack of subjective complaints of gastrointestinal events to support ongoing use. Given the above, the request is not medically necessary.

Retrospective Lidopro 4%-27.5%-0.0325% 121gm #1, per 12/07/2016 order: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2016, Section(s): Topical analgesics.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2016, Section(s): Topical analgesics.

Decision rationale: The California MTUS 2016 Chronic Pain Guidelines state that topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety and are primarily recommended for neuropathic pain when trials of antidepressants or anticonvulsants have failed. The guidelines state that any compound product that contains at least one drug that is not recommended is not recommended. The treatment plan was to continue with the current medication regimen. However, the requested ointment contains lidocaine. The guidelines state that the use of topical lidocaine is only recommended in the formulation of the brand Lidoderm patch for neuropathic pain at this time. There was a lack of subjective complaints of neuropathic pain and adequate documentation regarding failure of antidepressants or anticonvulsants. There was no rationale indicating why the patient would require a topical ointment versus oral medication. As such, the request is not medically necessary.