

<b>Case Number:</b>	CM13-0037020		
<b>Date Assigned:</b>	12/13/2013	<b>Date of Injury:</b>	01/07/2000
<b>Decision Date:</b>	04/18/2014	<b>UR Denial Date:</b>	10/15/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/22/2013

### 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 Preventive 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:

According to the records made available for review, this is a 58-year-old female with a 1/7/00 date of injury. At the time (9/30/13) of request for authorization for Cyclobenzaprine 10 milligram # 30 and Lidoderm patch 5% #30, 3 refills, there is documentation of subjective (persistent neck pain radiating to the bilateral upper extremities) and objective (cervical paraspinal muscle spasms and decreased cervical spine range of motion) findings, current diagnoses (status post cervical spine fusion, cervical radiculopathy, neck pain, and neuropathic pain), and treatment to date (medications (including ongoing treatment with Cyclobenzaprine since at least 7/10/12, Lidoderm patch, and Gabapentin)). Regarding Cyclobenzaprine 10 milligram # 30, there is no documentation of acute muscle spasms; the intention to treat over a short course (less than two weeks); and functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications as a result of Cyclobenzaprine use to date. Regarding Lidoderm patch 5% #30, 3 refills, there is no documentation of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications as a result of Lidoderm patch use to date.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**CYCLOBENZAPRINE 10 MILLIGRAM # 30:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS, GI SYMPTOMS, CARDIOVASCULAR RISK.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines CYCLOBENZAPRINE (FLEXERIL), Page(s): 41-42. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES (ODG); AND TITLE 8, CALIFORNIA CODE OF REGULATIONS, SECTION 9792.20.

**Decision rationale:** MTUS Chronic Pain Medical Treatment Guidelines identifies that Cyclobenzaprine (Flexeril) is recommended for a short course of therapy. MTUS-Definitions identifies that any treatment intervention should not be continued in the absence of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services. ODG identifies that muscle relaxants are recommended as a second line option for short-term (less than two weeks) treatment of acute low back pain and for short-term treatment of acute exacerbations in patients with chronic low back pain. Within the medical information available for review, there is documentation of diagnoses of status post cervical spine fusion, cervical radiculopathy, neck pain, and neuropathic pain. In addition, there is documentation of ongoing treatment with cyclobenzaprine. However, there is no documentation of acute muscle spasms. In addition, given documentation of records reflecting prescriptions for Cyclobenzaprine since at least 7/10/12, there is no documentation of the intention to treat over a short course (less than two weeks). Furthermore, there is no documentation of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications as a result of Cyclobenzaprine use to date. Therefore, based on guidelines and a review of the evidence, the request for Cyclobenzaprine 10 milligram # 30 is not medically necessary.

**LIDODERM PATCH 5% #30, 3 REFILLS:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines LIDODERM (LIDOCAINE PATCH) Page(s): 56-57.

**Decision rationale:** MTUS Chronic Pain Medical Treatment Guidelines identifies documentation of neuropathic pain after there has been evidence that a trial of first-line therapy (tri-cyclic or SNRI anti-depressants or an AED such as Gabapentin or Lyrica) has failed, as criteria necessary to support the medical necessity of a Lidocaine patch. MTUS-Definitions identifies that any treatment intervention should not be continued in the absence of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services. Within the medical information available for review, there is documentation of diagnoses of status post cervical spine fusion, cervical radiculopathy, neck pain, and neuropathic pain. In addition, there is documentation of neuropathic pain after there has been evidence that a trial of first-line therapy (Gabapentin) has failed, and ongoing treatment with Lidoderm patch. However, there is no documentation of

functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications as a result of Lidoderm patch use to date. Therefore, based on guidelines and a review of the evidence, the request for Lidoderm patch 5% #30, 3 refills is not medically necessary.