

<b>Case Number:</b>	CM13-0049220		
<b>Date Assigned:</b>	06/09/2014	<b>Date of Injury:</b>	03/06/2007
<b>Decision Date:</b>	07/31/2014	<b>UR Denial Date:</b>	10/29/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/07/2013

### 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:

Progress report dated October 17, 2013 states the patient complained of increased neck and low back pain. On exam, skin is clear. There is tenderness to palpation of the lumbar spine with paraspinous muscles. Diagnoses are chronic pain, upper/lower extremity, cervical discogenic syndrome, and lumbar discogenic syndrome. The patient will be treated with ice, home exercise program, and Toradol injection. Prior utilization review dated October 29, 2013 states the request for Lidopro ointment 121mg is not authorized as there is no documented neuropathic pain syndrome to support this request; cyclobenzaprine 7.5mg is not authorized this drug is a current medical standard of care; and tramadol 50mg is not authorized as it is a current medical standard of care.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Lidopro ointment 121mg:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-3. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain, Topical Analgesics.

**Decision rationale:** This is a request for Lidopro ointment for a 57-year-old female injured on 3/06/2007 with chronic neck, back, and upper extremity pain. Lidopro appears to be a topical compound containing Capsaicin, Lidocaine, Menthol, and Methyl Salicylate. According to MTUS guidelines, the only recommended topical Lidocaine product is Lidoderm. Lidoderm is indicated for localized peripheral neuropathic pain after a failed trial of first-line oral medications. However, there is no documented failure of oral medications. There is no documented neuropathic pain. The request for Lidopro ointment 121 mg is not medically necessary or appropriate.

**Cyclobenzaprine 7.5mg:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine (Flexeril, Fexamid).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants Page(s): 63-6. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain, Cyclobenzaprine.

**Decision rationale:** This is a request for Cyclobenzaprine for a 57-year-old injured on March 6, 2007 with chronic neck, back, and upper extremity pain. According to Chronic Pain Medical Treatment Guidelines, Cyclobenzaprine is recommended for short-term treatment of acute exacerbations of chronic low back pain. The addition of Cyclobenzaprine to other agents is not recommended. Medical records indicate the patient had a pain flare-up at the time of the request. However, few details are provided. There are minimal medical records provided such that chronicity. The request for Cyclobenzaprine 7.5 mg is not medically necessary or appropriate.

**Tramadol 50mg:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids For Chronic Pain, Osteoarthritis.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-96. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain, Tramadol.

**Decision rationale:** This is a request for Tramadol for a 57-year-old female injured on March 6, 2007 with chronic neck, back, and upper extremity pain. According to Chronic Pain Medical Treatment Guidelines, Tramadol is recommended for moderate to severe pain. Use for greater than 3 months in the treatment of osteoarthritis is not recommended. Medical records indicate the patient had a pain flare-up at the time of the request. However, few details are provided. The request for Tramadol 50mg is not medically necessary or appropriate.