

<b>Case Number:</b>	CM13-0050072		
<b>Date Assigned:</b>	01/03/2014	<b>Date of Injury:</b>	05/25/2010
<b>Decision Date:</b>	08/11/2014	<b>UR Denial Date:</b>	10/22/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/08/2013

### 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 Physical Medicine & Rehabilitation, has a subspecialty in Interventional Spine 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 patient is a 53 year old with an injury date on 5/25/10. Patient complains of neck pain/stiffness per 8/15/13 report. Patient had 12 physical therapy sessions which have been helpful with stretching and strengthening exercises per 9/26/13 report. Patient reports numbness has improved greatly, and also her balance and headaches have gotten better per 8/15/13 report. Based on the 6/27/13 progress report provided by [REDACTED] the diagnoses are: 1. Degenerative disc disease – cervical. 2. Disc displacement with myelopathy - C-spine. 3. Spondylosis with myelopathy - T/L-spine Exam on 9/26/13 showed "her incision has healed very well. Neurological testing of her upper extremities reveals full strength bilaterally." [REDACTED] is requesting Baclofen powder 30 days x 1, Cyclobenzaprine powder HCL 30 days, Lidocaine powder 30 days x1, Flurbiprofen powder 30 days x1, Imipramine powder 30 days x1, Lidocaine powder 30 days x1. The utilization review determination being challenged is dated 10/22/13. [REDACTED] is the requesting provider, and he provided treatment reports from 5/30/13 to 9/26/13.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**BACLOFEN POWDER, 30 DAYS X 1:** 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  
BACLOFEN Page(s): 63-66.

**Decision rationale:** This patient presents with neck pain and is s/p C5-6 anterior discectomy and fusion from 5/15/13. The physician has asked for Baclofen powder 30 days x 1 but the date of the request is not known. Regarding muscle relaxants, MTUS specifically states there is no evidence for use of any muscle relaxant topically. In this case, the physician has asked for Baclofen powder HCL 30 days which are not indicated per MTUS guidelines. Recommendation is for denial.

**CYCLOBENZAPRINE POWDER HCL, 30 DAYS:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines  
Pain-Topical Analgesics-Muscle Relaxants.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle  
relaxants Page(s): 63-66.

**Decision rationale:** This patient presents with neck pain and is s/p anterior discectomy and fusion from 5/15/13. The physician has asked for Cyclobenzaprine powder HCL 30 days but the date of the request is not known. Regarding muscle relaxants, MTUS specifically states there is no evidence for use of any muscle relaxant topically. In this case, the physician has asked for Cyclobenzaprine powder HCL 30 days which are not indicated per MTUS guidelines. Recommendation is for denial.

**LIDOCAINE POWDER, 30 DAYS X 1:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines  
Pain-Topical Analgesics Lidocaine.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Lidoderm  
(lidocaine patch) Page(s): 56-57,111-113.

**Decision rationale:** This patient presents with neck pain and is s/p anterior discectomy and fusion from 5/15/13. The physician has asked for Lidocaine powder 30 days x1 but the date of the request is not known. Regarding topical Lidocaine, MTUS recommends it for "localized peripheral pain," and for neuropathic pain, after other agents have been tried and failed. MTUS specifically states that only the dermal patch form of Lidocaine is indicated. In this case, the physician has asked for Lidocaine powder 30 days x1 which is not indicated per MTUS guidelines. Recommendation is for denial.

**FLURBIPROFEN POWDER 30 DAYS X 1:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines  
Pain-Topical Analgesics-NSAIDs.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007) Page(s): 20-21, Chronic Pain Treatment Guidelines Anti-inflammatory medications ,NSAIDs (non-steroidal anti-inflammatory drugs),NSAIDs, specific drug list & adverse effects Page(s): 22,67-68,70-73.

**Decision rationale:** This patient presents with neck pain and is s/p anterior discectomy and fusion from 5/15/13. The physician has asked for Flurbiprofen powder 30 days x1 but the date of the request is not known. Regarding topical NSAIDS, MTUS recommends usage for osteoarthritis particularly of the knee and elbow or other joints amenable to topical treatment. There is little evidence to support usage for osteoarthritis of the spine, hip, or shoulder. In this case, Flurbiprofen is not indicated as MTUS does not recommend topical NSAIDS for arthritis of the spine. Recommendation is for denial.

**IMIPRAMINE POWDER, 30 DAYS X 1:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Drugs.com.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Antidepressants for chronic pain Page(s): 13-16.

**Decision rationale:** This patient presents with neck pain and is s/p anterior discectomy and fusion from 5/15/13. The physician has asked for Imipramine powder 30 days x1 but the date of the request is not known. Regarding antidepressants, MTUS recommends for neuropathic pain, and as a possibility for non-neuropathic pain. There is no discussion, however, in MTUS or OGD regarding antidepressants for topical use. In addition, physician has not specified the dosage of the powdered Imipramine. The requested Imipramine powder 30 days x1 is not indicated for this patient's condition. Recommendation is for denial.

**LIDOCAINE POWDER, 30 DAYS X 1:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Pain-Topical Analgesics Lidocaine.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Medicine Page(s): 111-113.

**Decision rationale:** This patient presents with neck pain and is s/p anterior discectomy and fusion from 5/15/13. The physician has asked for Lidocaine powder 30 days x1 but the date of the request is not known. Regarding topical Lidocaine, MTUS recommends it for "localized peripheral pain," and for neuropathic pain, after other agents have been tried and failed. MTUS specifically states that only the dermal patch form of Lidocaine is indicated. In this case, the physician has asked for Lidocaine powder 30 days x1 which is not indicated per MTUS guidelines. Recommendation is for denial.