

<b>Case Number:</b>	CM14-0101519		
<b>Date Assigned:</b>	07/30/2014	<b>Date of Injury:</b>	07/26/2010
<b>Decision Date:</b>	09/03/2014	<b>UR Denial Date:</b>	06/23/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/01/2014

### 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 Anesthesiology, has a subspecialty in Pain Medicine and is licensed to practice in Florida. 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 injured worker is a 45-year-old female who reported an injury on 07/26/2010. The mechanism of injury was not documented in the submitted reports. The injured worker has a diagnosis of sprain of the thoracic region. The injured worker's past medical treatment consisted of cervical epidural steroid injections, physical therapy, chiropractic therapy, trigger point injections, and medication therapy. Medications include Lidoderm patches, 1 patch every 24 hours; Robaxin 500 mg, 1 tablet by mouth at bedtime; Celebrex 200 mg, 1 tablet 2 times a day; Imitrex 100 mg, 1 tablet 1 time a day as needed; and Tramadol 50 mg. The injured worker has had an MRI of the cervical spine and of the thoracic spine; the cervical spine revealed disc protrusion to the left at C4-5 compressing the cord, right disc protrusion at the C5-6 and C6-7; the thoracic MRI revealed disc protrusion at T6-7. The injured worker complained of right posterior neck and right rhomboid pain. The injured worker felt a lot of spasms and trigger point tenderness of the right rhomboid. The injured worker rated her pain at a 4/10 with medications and 8/10 without. The physical examination dated 06/06/2014 revealed that the injured worker had a 5/5 bilateral upper extremity strength. The upper extremity deep tendon reflexes were 2+ and symmetrical. The injured worker revealed a negative Spurling's sign bilaterally. Her sensation was intact. There were no signs of clonus or increased tone. Hoffman's sign was negative bilaterally. It was also noted that the injured worker had tenderness over the right cervical paraspinals and her cervical spine range of motion was reduced in all planes. The treatment plan was for the injured worker to continue the use of Tramadol 50 mg, Lidoderm 5% patches, and Robaxin 500 mg. The provider feels that the medications prescribed to the injured worker are helping her with her pain levels and her muscle spasms. The Request for Authorization form was not submitted for review.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Ultram 50mg, #100:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Ultram (Tramadol) Page(s): 82, 93, 94, 113, 78.

**Decision rationale:** MTUS Guidelines states central analgesics drugs such as Tramadol (Ultram) are reported to be effective in managing neuropathic pain and are not recommended as a first-line oral analgesic. MTUS Guidelines recommend that there should be documentation of the 4 A's for ongoing monitoring including analgesia, activities of daily living, adverse side effects and aberrant drug taking behavior. The submitted report revealed that the injured worker did not have a diagnosis of neuropathic pain. The report also lacked any evidence of effectiveness of functional improvement with the use of the Ultram. There was also no documentation of the 4 A's, to include analgesia, activities of daily living, adverse side effects, and aberrant drug-taking behaviors. There were no drug screens submitted for review showing that the injured worker was in compliance with the MTUS Guidelines. Furthermore, it is unclear as to when the injured worker started taking the Ultram and how often. The submitted request did not indicate a frequency or duration of the use of the Ultram. Given the above, the request is not medically necessary.

**Lidoderm 5% patch, #60 with 3 refills.:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Lidoderm Page(s): 57-58, 112.

**Decision rationale:** MTUS Guidelines state Lidoderm is the brand name for a Lidocaine patch produced by Endo Pharmaceuticals. They are largely experimental in use with few randomized controlled trials to determine efficacy or safety. Topical Lidocaine may be recommended for localized peripheral pain after there has been evidence of a trial of first-line therapy (tri-cyclic or serotonin-norepinephrine reuptake inhibitor (SNRI) anti-depressants or an anti-epileptic drug (AED) such as Gabapentin or Lyrica). No other commercially approved topical formulations of Lidocaine (whether creams, lotions or gels) are indicated for neuropathic pain. According to MTUS Guidelines, Lidocaine is recommended to patients with a diagnosis of radiculopathy. The submitted reports did not show any evidence that the injured worker suffered from peripheral pain. There was no evidence showing that the injured worker had a diagnosis of radiculopathy. Furthermore, there was no quantified evidence showing that the injured worker had tried and failed any first line therapies. As such, the request is not medically necessary.

**Robaxin 500mg, #60 with 3 refills.:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG): Pain Procedure summary.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants Page(s): 63-65.

**Decision rationale:** MTUS Guidelines state in most low back pain cases, Robaxin shows no benefit beyond nonsteroidal anti-inflammatory drugs (NSAIDs) in pain and overall improvement. Also there is no additional benefit shown in combination with NSAIDs. Efficacy appears to diminish over time, and prolonged use of some medications in this class may lead to dependence. The MTUS Guidelines also state that Robaxin is within the class of drugs with limited published evidence along with Chlorzoxazone, Dantrolene and Baclofen. The documentation submitted for review did not indicate whether the Robaxin had been effective thus far. There was no quantified information regarding pain relief. As the injured worker did state that her medications were helping somewhat with her pain, it was unclear as to which medications were helping with what symptoms. In addition, there was no assessment regarding intensity or longevity of pain relief. The MTUS Guidelines recommended that Robaxin be taken as directed, 1500 mg 4 times a day for the first 2 to 3 days, then decreased to 750 mg 4 times a day for no more than 4 weeks. Evidence in the submitted report showed that the injured worker had been taking Robaxin since at least 05/15/2013, exceeding the MTUS recommendations. Given the above, the request is not medically necessary.