

<b>Case Number:</b>	CM14-0105533		
<b>Date Assigned:</b>	07/30/2014	<b>Date of Injury:</b>	06/10/2008
<b>Decision Date:</b>	08/29/2014	<b>UR Denial Date:</b>	06/16/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/08/2014

### 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 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:

This is a 45-year-old female with a 6/10/08 date of injury. The mechanism of injury was not noted. According to a 7/8/14 progress report, the patient continued to have pain in her back and left shoulder and head at an 8/10 without medications. She reported spasms that increase her pain level. She has used ice but the pain was increased. Her pain in the shoulder was worse in the evening. Objective findings: 5/5 left upper extremity and 5/5 right upper extremity strength with functional ROM of upper extremities bilaterally, tenderness in spinous processes and myofascial tissue, functional ROM and strength of lower extremities. Diagnostic impression: neck sprain and strain, lumbago, iliofemoral sprain and strain. Treatment to date: medication management, activity modification. A UR decision dated 6/16/14 denied the requests for Lidoderm patches and baclofen. Regarding Lidoderm patches, there is no evidence that first-line therapy has failed. Regarding baclofen, there is no evidence of failure of first-line therapeutic options.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Baclofen 10mg #60:** Upheld

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

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

**Decision rationale:** CA MTUS Chronic Pain Medical Treatment Guidelines, state that muscle relaxants may be effective in reducing pain and muscle tension, and increasing mobility. However, in most LBP cases, they show no benefit beyond NSAIDs in pain and overall improvement, and no additional benefit has been shown when muscle relaxants are used in combination with NSAIDs. Efficacy appears to diminish over time, and prolonged use of some medications in this class may lead to dependence. According to a progress note dated 6/5/14, the patient stated that she is in need of baclofen, which had been prescribed at HELP program. It is unclear how long she has been on this medication. Guidelines do not support the long-term use of muscle relaxants. In addition, there is no documentation of an acute exacerbation of the patient's pain to warrant the necessity of the medication. Furthermore, according to a 7/8/14 progress note, it is documented that the patient is no longer utilizing baclofen. It is unclear why the provider is requesting this medication at this time. Therefore, the request for Baclofen 10 mg #60 was not medically necessary.

**Lidoderm patches 5% #60:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 56-57. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter-Lidoderm.

**Decision rationale:** CA MTUS states that topical lidocaine may be recommended for localized peripheral pain after there has been evidence of a trial of first-line therapy (tri-cyclic or SNRI anti-depressants or an AED such as gabapentin or Lyrica). ODG states that Lidoderm is not generally recommended for treatment of osteoarthritis or treatment of myofascial pain/trigger points. There is no documentation in the reports reviewed that the patient has had a trial with a first-line therapy medication for pain. In addition, the directions in which the provider had prescribed Lidoderm patches is inappropriate. The provider stated that the patient was to apply two patches every day for local pain control. Lidoderm dosage directions specifically state that the patch is to be left on for 12 hours and left off for 12 hours in order to avoid lidocaine toxicity. Furthermore, there is no documentation as to where the patch is to be applied. According to a progress note dated 7/8/14, the patient is no longer utilizing Lidoderm patches. It is unclear why the provider is requesting this medication at this time. Therefore, the request for Lidoderm patches 5% #60 was not medically necessary.