

<b>Case Number:</b>	CM14-0108606		
<b>Date Assigned:</b>	08/13/2014	<b>Date of Injury:</b>	06/06/2006
<b>Decision Date:</b>	09/29/2014	<b>UR Denial Date:</b>	07/08/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/11/2014

### 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 46-year-old female who sustained an injury on 06/06/2006. The mechanism of injury was not provided. Diagnosis included brachial neuritis, unspecified; cervicgia, chronic pain and radiculopathy, cervical region. Past therapies included home exercise and medications. Diagnostic studies were not provided. Surgical history was not provided. On 06/22/2014, the patient was seen for shoulder and neck pain. The injured worker was unable to do activities of daily living for longer than 10 minutes. Examples included folding clothes and dusting. The injured worker slept about 2 to 3 hours per night and takes no naps during the day. The injured worker needed assistance with cutting, stirring when making meals. Emotional status had worsened as evidenced by depression and pain increased with activity. Her pain averaged a 7/10 to 10/10. There were 2 days where the pain migrated to her stomach. Pain with medication rated a 7/10 (that was with oxycodone). The injured worker stated exercise helped with the stiffness so that she could get out of bed. She felt challenged with all activities. She was out of meds and pain has increased to a 10/10 on the VAS. Upon examination, motor strength was abnormal. Function was dramatically reduced due to lack of medications. The treatment plan included medication refill and counseling. The injured worker's home maintenance was very limited due to pain. The request is for Lidocaine/procaine cream; Lidoderm patch 5% #30 with 4 refills; oxycodone 10/325 mg #240; cyclobenzaprine 5 mg #120, 4 refills. The rationale was not provided. The Request for Authorization was dated 06/24/2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Lidocaine/prilocaine cream: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines topical analgesics Page(s): 56,57,111.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical analgesics Page(s): 56,57,111.

**Decision rationale:** The Expert Reviewer based his/her decision on the MTUS Chronic Pain Medical Treatment Guidelines, Topical analgesics, page 56,57,111. The Expert Reviewer's decision rationale: The injured worker has history of neck and shoulder pain. California MTUS Guidelines state that "topical agents are largely experimental in use with few randomized control trials to determine efficacy or safety. They are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. The agents are compounded as monotherapy or in combination for pain control, including NSAIDs, opioids, capsaicin and antidepressants." There is little to no research to support the use of many of these agents. Any compounded product that contains at least 1 or more drug (or drug class) that is not recommended is not recommended. The guidelines indicate that topical Lidocaine may be recommended for localized peripheral pain after there has been evidence of a trial of first line therapy or other commercially approved topical formulations of Lidocaine (whether creams, lotions, or gels) are indicated for neuropathic pain. The request is not supported by the guidelines. As such, this request is not medically necessary.

**Lidoderm patch 5% #30, 4 refills: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical analgesics Page(s): 56, 57, 111.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 56,57,111.

**Decision rationale:** The Expert Reviewer based his/her decision on the MTUS Chronic Pain Medical Treatment Guidelines, Topical Analgesics, page 56,57,111. The Expert Reviewer's decision rationale: The injured worker has a history of shoulder and neck pain. The California MTUS guidelines indicate that "topical salicylates are recommended and topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. They are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended." Benzocaine is similar to Lidocaine and Lidocaine is only recommended in a Lidoderm patch. There is lack of documentation as to the frequency of use on the request. As such, this request is not medically necessary.

**Oxycodone 10/325mg #240: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 92,78-80.

**Decision rationale:** The Expert Reviewer based his/her decision on the MTUS Chronic Pain Medical Treatment Guidelines, Opioids, page 92,78-80. The Expert Reviewer's decision rationale: The California MTUS guidelines state "oxycodone is a potentially addictive opioid analgesic medication, and it is a Schedule II controlled substance." The guidelines recognize four domains that have been proposed as most relevant for ongoing monitoring of chronic pain patients on opioids: "pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant (or non-adherent) drug-related behaviors." There is lack of documentation of ongoing monitoring for the chronic pain of the injured worker on opioids. There is a lack of documentation of pain relief, side effects, physical and psychosocial functioning. There is a lack of documentation of occurrence of any potential drug related behavior abuse. There is lack of documentation of labs or urine drug screen provided, which is a requirement for opioid use. There is lack of frequency on the request. As such, the request is not medically necessary.

**Cyclobenzaprine 5mg #120, 4 refills:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain) Page(s): 63-64.

**Decision rationale:** The Expert Reviewer based his/her decision on the MTUS Chronic Pain Medical Treatment Guidelines, Muscle relaxants (for pain), page 63-64. The Expert Reviewer's decision rationale: The CA MTUS guidelines recommend cyclobenzaprine (Flexeril) as an option, using a short course of therapy. Cyclobenzaprine is a skeletal muscle relaxant and a central nervous system (CNS) depressant. Cyclobenzaprine (Flexeril) is more effective than placebo in the management of back pain; the effect is modest and comes at the price of greater adverse effects. The effect is greatest in the first 4 days of treatment, suggesting that shorter courses may be better. (Browning, 2001) Treatment should be brief. There is also a post-op use. The addition of cyclobenzaprine to other agents is not recommended. There is lack of clinical information provided indicating how long the injured worker has used said medication. The guidelines recommend as a short course of therapy. There is lack of frequency provided within the request. As such, this request is not medically necessary.