

<b>Case Number:</b>	CM14-0017984		
<b>Date Assigned:</b>	04/16/2014	<b>Date of Injury:</b>	10/20/2000
<b>Decision Date:</b>	06/03/2014	<b>UR Denial Date:</b>	02/04/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/12/2014

### 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 Physical Medicine and Rehabilitation 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 injured worker is a 44 year old male who reported an injury on 10/20/2000 secondary to lifting an object. He was evaluated on 12/04/2013 and reported constant back pain of unknown severity with pain radiating "up into the neck" as well as spasms. On physical exam, he was noted to have "good" strength and 60% range of motion of unspecified movement. Diagnoses at the time of evaluation included lumbosacral myofascial syndrome, and bilateral sciatica. Medications were noted to include Tylenol as needed, Skelaxin 800 mg, and Tolectin. According to the documentation provided, the injured worker has used these medications since at least 05/10/2012. It was also noted that the injured worker was previously treated with an unknown duration of physical therapy, TENS unit, home exercise program, and epidural steroid injections which provided "some benefit." The injured worker has been recommended for an unknown lidocaine patch and Skelaxin 800mg. The documentation submitted for review failed to provide a request for authorization form.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**PRESCRIPTION OF LIDOCAINE PATCH (UNKNOWN):** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines LIDODERM (LIDOCAINE PATCH).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines TOPICAL ANALGESICS Page(s): 112.

**Decision rationale:** The request for prescription of lidocaine patch (unknown) is non-certified. California MTUS Chronic Pain guidelines recommend topical lidocaine, in the formulation of a Lidoderm patch for neuropathic pain after there has been evidence of a trial of first-line therapy. While the documentation submitted for review does note that the injured worker has been treated with Tolectin and Tylenol, there is no documented evidence that he has been treated with first-line therapy for neuropathic pain to include anti-depressants or anti-epilepsy drugs. Additionally, subjective reports of pain at the time of the last evaluation do not suggest that injured worker is experiencing neuropathic pain, therefore the requested medication may not be recommended to treat his current condition. Guidelines also state that non-dermal patch formulations of lidocaine are generally indicated as local anesthetics and anti-pruritics and are not currently supported for conditions other than post-herpetic neuralgia. The request as written does not specify whether the lidocaine patch is dermal (lidoderm) or non-dermal. Furthermore, the request as written does not specify a medication quantity. As such the request for prescription of lidocaine patch (unknown) is non-certified.

**PRESCRIPTION OF SKELAXIN 800MG:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines MUSCLE RELAXANTS FOR PAIN.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines MUSCLE RELAXANTS (FOR PAIN), Page(s): 63.

**Decision rationale:** The request for Skelaxin 800mg is non-certified. Skelaxin is a muscle relaxant used to treat muscle spasm and chronic low back pain. California MTUS guidelines recommend non-sedating muscle relaxants such as Skelaxin as a second-line option for short-term pain relief as prolonged use may lead to dependence and decreased efficacy over time. The documentation provided for review indicates the injured worker has used Skelaxin since at least 05/10/2012 which is excessive according to evidence-based guidelines. Furthermore, there is no documentation of quantifiable pain relief or detailed functional improvement to indicate medication efficacy and to warrant continued use. Additionally, the request as written does not include a medication quantity. As such, the request for Skelaxin 800mg is non-certified.