

<b>Case Number:</b>	CM14-0113746		
<b>Date Assigned:</b>	08/01/2014	<b>Date of Injury:</b>	05/21/2012
<b>Decision Date:</b>	09/10/2014	<b>UR Denial Date:</b>	07/17/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/21/2014

### 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 Texas. 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 32 year old female with a date of injury of 05/21/12. Per the reports, the injured worker developed complaints of low back pain due to excessive sitting. The injured worker indicated that on the date of injury she was running down some stairs and felt acute pain in the low back which was persistent. The injured worker described some radiating pain in the right lateral thigh. The injured worker has had a history of medication use since the date of injury to include muscle relaxers and anti-inflammatories. The injured worker had also been prescribed Amitriptyline and Omeprazole as well as sumatriptine. The injured worker also attended 6 sessions of physical therapy; however, this increased her knee pain. The injured worker did not wish to proceed with any further physical therapy. As of 07/10/14, the injured worker continued to report pain in the low back. At this evaluation the injured worker was utilizing lidocaine topical ointment, Cyclobenzaprine 7.5 mg daily, Ketoprofen 75 mg twice daily, topical Dendracin cream, omeprazole, diazepam 10 mg 3 times daily, sumatriptine 50 mg daily, Diclofenac XR 100 mg daily and Amitriptyline 25 mg at bedtime. The injured worker's physical examination noted a nonantalgic gait. There was no loss of range of motion or any evidence of dysmetria. There was no evidence of guarding or spasms in the paraspinal musculature. Medications were continued at this visit. The requested Cyclobenzaprine, Diclofenac and Dendracin lotion were all denied by utilization review on 07/17/14.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Cyclobenzaprine:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Page(s): 47,Chronic Pain Treatment Guidelines Muscle Relaxants.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants Page(s): 63-67.

**Decision rationale:** The chronic use of muscle relaxers is not recommended by the MTUS Chronic Pain Guidelines. At most, muscle relaxers are recommended for short term use only. The efficacy of chronic muscle relaxer use is not established in the clinical literature. There is no indication from the clinical reports that there had been any recent exacerbation of chronic pain or any evidence of a recent acute injury. Furthermore, the request is non-specific in regards to dose, quantity, frequency, or duration. Therefore, this request is not medically necessary and appropriate.

**Diclofenac:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Page(s): 47,Chronic Pain Treatment Guidelines Muscle relaxants.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs Page(s): 67-68.

**Decision rationale:** The chronic use of prescription NSAIDs is not recommended by current evidence based guidelines as there is limited evidence regarding their efficacy as compared to standard over-the-counter medications for pain such as Tylenol. Per the MTUS Chronic Pain Guidelines, NSAIDs can be considered for the treatment of acute musculoskeletal pain secondary to injury or flareups of chronic pain. There is no indication that the use of NSAIDs in this case is for recent exacerbations of the claimant's known chronic pain. Furthermore, the request is non-specific in regards to dose, quantity, frequency, or duration. As such, the injured worker could reasonably transition to an over-the-counter medication for pain.

**Dendracin lotion:** Upheld

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

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

**Decision rationale:** In regards to the request for Dendracin lotion, this reviewer would not have recommended this request as medically necessary based on review of the clinical documentation submitted for review as well as current evidence based guidelines. Dendracin lotion contains lidocaine which can be utilized as an option in the treatment of neuropathic pain. In this case, the injured worker's physical examination findings did not identify any evidence of ongoing pain secondary to a neuropathic etiology that would support the use of this lotion. There is also no

indication that the injured worker has failed a reasonable trial of either antidepressants or anticonvulsants for neuropathic pain. Therefore, the request is not medically necessary and appropriate.