

<b>Case Number:</b>	CM14-0115807		
<b>Date Assigned:</b>	08/13/2014	<b>Date of Injury:</b>	09/20/1988
<b>Decision Date:</b>	09/18/2014	<b>UR Denial Date:</b>	07/01/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/23/2014

### 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 & Rehabilitation, has a subspecialty in Pain 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:

The injured worker is a 67-year-old female with a reported date of injury on 09/20/1988. The mechanism of injury was not submitted within the medical records. Her diagnoses were noted to include rheumatoid arthritis, myalgia and myositis, and knee joint replacement. Her previous treatments were noted to include surgery and medications. The progress note dated 03/04/2014 revealed the injured worker continued to complain of total body pain, chronic fatigue, problems sleep, morning gel phenomenon for 10 minutes, and no new joint swelling. The injured worker reported she was doing a lot better; she had less pain, but was still fatigued. The physical examination revealed no new joint swelling, a normal neurological examination, and rheumatoid arthritis deformities at the wrists and knees. The Request for Authorization form was not submitted within the medical records. The request was for Fexmid 7.5mg, #90, and Lidoderm 5%, #30. However, the provider's rationale was not submitted within the medical records.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Fexmid 7.5mg, #90:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine (Flexeril, Amrix, Fexmid, generic available).

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

**Decision rationale:** The request for Fexmid 7.5mg, #90 is not medically necessary. The injured worker has been utilizing this medication since at least 10/2013. The California Chronic Pain Medical Treatment Guidelines recommend non-sedating muscle relaxants with caution as a second line option for short-term treatment of acute exacerbations in patients with chronic low back pain. Muscle relaxants may be effective in reducing pain and muscle tension, and increasing mobility. However, in most low back pain cases, they show no benefit beyond NSAIDs in pain and overall improvement. Efficacy appears to diminish over time, and prolonged use of some medications in this class may lead to dependence. There is a lack of documentation regarding muscle spasms to warrant a muscle relaxant. Additionally, the request failed to provide the frequency at which this medication is to be utilized. Therefore, the request is not medically necessary.

**Lidoderm 5%, #30:** 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): 111-112.

**Decision rationale:** The request for Lidoderm 5%, #30 is not medically necessary. The injured worker has debilitating rheumatoid arthritis. The California Chronic Pain Medical Treatment Guidelines state topical analgesics are largely experimental in use with few randomized control trials to determine efficacy or safety. The guidelines primarily recommend topical analgesics for neuropathic pain when trials of antidepressants and anticonvulsants have failed. There is little to no research to support the use of many of these agents. Any compounded product that contains at least 1 drug (or drug class) that is not recommended is not recommended. The guidelines' indications for topical lidocaine are neuropathic pain after there has been evidence of a trial of first line therapy (tricyclic or SNRI antidepressants or an AED such as gabapentin or Lyrica). Topical lidocaine, in the formulation of a dermal patch (Lidoderm) has been FDA approved for orphan status by the FDA for neuropathic pain. Lidoderm is also used off label for diabetic neuropathy. The guidelines do not recommend topical lidocaine for non-neuropathic pain, and report there was only 1 trial that tested 4% lidocaine for treatment of chronic muscle pain, and the results showed there was no superiority over placebo. There is a lack of documentation regarding neuropathic pain to warrant topical lidocaine. Additionally, the request failed to provide the frequency at which this medication is to be utilized. Therefore, the request is not medically necessary.