

<b>Case Number:</b>	CM14-0136944		
<b>Date Assigned:</b>	10/10/2014	<b>Date of Injury:</b>	09/08/1993
<b>Decision Date:</b>	11/04/2014	<b>UR Denial Date:</b>	08/07/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/25/2014

### 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 Internal Medicine, has a subspecialty in Rheumatology and is licensed to practice in Maryland. 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 patient is a 69 year old female with date of injury 9/8/1993. The mechanism of injury is not stated in the available medical records. The patient has complained of neck, shoulder and back pain since the date of injury. She has been treated with right shoulder arthroscopic surgery (details not specified), physical therapy, epidural steroid injections and medications. There are no radiographic data included for review. Objective: decreased and painful range of motion of the lumbar spine, tenderness to palpation of the cervical and lumbar paraspinal musculature bilaterally, right greater than left trapezius muscle tenderness. Diagnoses: lumbago, sciatica, neck pain. Treatment plan and request: Flexeril, Lidoderm.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Cyclobenzaprine- Flexeril 7.5mg #90:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine Page(s): 41-42.

**Decision rationale:** This 69 year old female has complained of neck, shoulder and back pain since date of injury 9/8/1993. She has been treated with right shoulder arthroscopic surgery

(details not specified), physical therapy, epidural steroid injections and medications to include Flexeril for at least several months duration. Per the MTUS guideline cited above, treatment with cyclobenzaprine (Flexeril) should be reserved as a second line agent only and should be used for a short course (2 weeks) only. The current request exceeds this recommended time period. Furthermore, the addition of cyclobenzaprine to other agents is not recommended. Per the MTUS guidelines cited above, cyclobenzaprine is not indicated as necessary for this patient.

**Lidoderm 5% patch #60 Ref: 2:** Upheld

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

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

**Decision rationale:** This 69 year old female has complained of neck, shoulder and back pain since date of injury 9/8/1993. She has been treated with right shoulder arthroscopic surgery (details not specified), physical therapy, epidural steroid injections and medications. The current request is for the Lidoderm patch. Per the MTUS guidelines cited above, the use of topical analgesics in the treatment of chronic pain is largely experimental, and when used, is primarily recommended for the treatment of neuropathic pain when trials of first line treatments such as anticonvulsants and antidepressants have failed. There is no such documentation in the available medical records. On the basis of the MTUS guidelines cited above, the Lidoderm patch is not indicated as medically necessary.