

<b>Case Number:</b>	CM14-0137877		
<b>Date Assigned:</b>	09/05/2014	<b>Date of Injury:</b>	04/11/1991
<b>Decision Date:</b>	10/14/2014	<b>UR Denial Date:</b>	08/19/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/26/2014

### 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 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 59 year old male who had a work related injury on 04/11/91. The mechanism of injury is not described. The most recent medical record submitted for review is dated 08/22/14. The injured worker is in today for follow up of lower back pain. He rates his pain with medication as a 6/10, without medication 9/10. He reports no new problems or side effects. Quality of sleep is poor. He denies any new injury since the last visit. His activity level has increased. The injured worker is taking his medication as prescribed. He states that medications are working well. No side effects. He reports that the Lidoderm patch is much more effective than the Flector patch. He has undergone lumbar medial branch block procedure with positive results and excellent relief. He notes increasing lumbar paraspinal muscle spasms this past month and has had previous relief with Skelaxin that we will refill at this time. He is currently working overtime. He is often lifting up to 80 lbs. and maneuvering 300 lb. timbers. He notes that he is bouncing in the yard when he was driving. He is climbing up and down steps from a forklift constantly. His medication is helpful to decrease his pain so that he can continue to work more full time. He is currently paying out of pocket for his denied medication. UDS and urine toxicology from 09/21/02 were consistent and confirmed. CT scan of the lumbar spine without contrast in 2006 showed postoperative changes with interbody fusion at the L4-5 level which appears intact as well as transfixing pedicle screws and rods. Mild degenerative changes. On physical examination, height 6 feet 2 inches tall. Weight 195 lbs. BMI is 25.03. He is well-groomed. He appears to be calm and in mild to moderate pain. He has good communication ability. He does not show signs of intoxication or withdrawal. He does not use assistive devices. Lumbar spine range of motion is restricted with extension limited to 15 degrees, lateral rotation to the left limited to 30 degrees, and lateral rotation to the right limited to 30 degrees with normal flexion. He is tender to palpation on the left side. No spinal process tenderness is noted. He can

walk on heels and toes. Lumbar facet loading is positive on the left side. Straight leg raising test is negative. All lower extremity reflexes are equal and symmetric. More pain on extension. Trigger point with radiating pain and twitch response on palpation at lumbar paraspinal muscles on the right and left. Strength is rated 5-/5 on the right ankle dorsa flexor and 4/5 on the left. Knee extensor is 5/5 on both sides. Knee flexor is 5/5 on both sides. Sensory examination, light touch sensation is decreased over the lateral aspect of the right knee on the right side. Prior utilization review on 08/19/14 was non-certified. Current request is for Skelaxin 800mg #30 with 1 refill. Norco 10/325mg #150. Lidoderm patch 5% #30.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**Skelaxin 800mg #30 with 1 refill:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 9792.20, Muscle relaxants (for pain) Page(s): 63.

**Decision rationale:** As noted on page 41 of the Chronic Pain Medical Treatment Guidelines, cyclobenzaprine is recommended as a second-line option for short-term (less than two weeks) treatment of acute low back pain and for short-term treatment of acute exacerbations in patients with chronic low back pain. Studies have shown that the efficacy appears to diminish over time, and prolonged use of some medications in this class may lead to dependence. Based on the clinical documentation, the patient has exceeded the 2-4 week window for acute management also indicating a lack of efficacy if being utilized for chronic flare-ups. As such, the medical necessity of this medication cannot be established at this time.

**Norco 10/325mg #150:** Overturned

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for Use of Opioids Page(s): 77.

**Decision rationale:** Current evidenced-based guidelines indicate patients must demonstrate functional improvement in addition to appropriate documentation of ongoing pain relief to warrant the continued use of narcotic medications. There is sufficient documentation regarding the functional benefits and functional improvement obtained with the continued use of narcotic medications. Documentation indicates significant decrease in pain scores with the use of medications and the patient is able to continue to work as a result. Therefore, medical necessity has been established.

**Lidoderm patch 5% #30:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 9792.20, Lidoderm (lidocaine patch) Page(s): 56.

**Decision rationale:** As noted on page 56 of the Chronic Pain Medical Treatment Guidelines, the safety and efficacy of compounded medications has not been established through rigorous clinical trials. Lidoderm is recommended for a trial if there is evidence of localized pain that is consistent with a neuropathic etiology. There should be evidence of a trial of first-line neuropathy medications (tri-cyclic or SNRI anti-depressants or an AED such as gabapentin or Lyrica). Lidoderm is not generally recommended for treatment of osteoarthritis or treatment of myofascial pain/trigger points. Therefore this compound cannot be recommended as medically necessary as it does not meet established and accepted medical guidelines.