

<b>Case Number:</b>	CM14-0151291		
<b>Date Assigned:</b>	09/19/2014	<b>Date of Injury:</b>	02/27/2012
<b>Decision Date:</b>	12/24/2014	<b>UR Denial Date:</b>	08/30/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/16/2014

### 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, has a subspecialty in Neuromuscular Medicine 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:

This is a 63 year old male with a work related injury dated 02/27/2012 after a fall carrying a piece of granite. According to a follow up visit dated 8/05/2014, the injured worker presented with complaints of lower back pain with shooting, radiating leg pain. Diagnoses included lumbar spondylolisthesis, L5 sciatic neuralgia, industrial lower back injury, and chronic lower back pain. Treatments have included physical therapy, lumbosacral orthosis, epidural injection, and medications. Work status is noted as not working on an orthopedic progress note dated 04/19/2014. On 08/29/2014, Utilization Review non-certified the request for Flexeril, Lidoderm patch, and 1 surgical consultation citing California Chronic Pain Medical Treatment and ACOEM Guidelines. The Utilization Review physician stated that the guidelines do not recommend the use of muscle relaxants without an acute exacerbation of low back pain and per the most recent evaluation, there is lack of evidence which indicated the patient had an acute exacerbation of low back pain. Regarding the Lidoderm patch, guidelines state further research is needed for use in the treatment of chronic neuropathic pain and review of records indicated the injured worker had neuropathic pain. Lastly, regarding a referral for a surgical consultation, the Utilization Review physician stated that consultations are indicated for severe and disabling lower leg symptoms and according to available documentation, the injured worker had been under care long-term for chronic low back pain with associated neuropathic symptoms to the lower extremity. In addition, the injured worker had stated he did not want surgery and had not been compliant with other treatment modalities. Therefore, the Utilization Review decision was appealed for an Independent Medical Review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Unknown prescription of flexeril:** 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 Cyclobenzaprine (Flexeril) Page(s): 41-42, 63-64.

**Decision rationale:** Unknown prescription of Flexeril is not medically necessary per the MTUS Chronic Pain Medical Treatment Guidelines. The guidelines recommend non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic LBP. The guidelines state that Cyclobenzaprine (Flexeril) is not recommended to be used for longer than 2-3 weeks. The documentation does not indicate that the patient is having an acute exacerbation of pain. The patient has chronic pain. Additionally, the guidelines recommend limiting this medication to 2-3 weeks for short term use only. The request does not indicate a dosage or quantity. There are no extenuating circumstances documented that would necessitate continuing this medication beyond the 2-3 week time frame. The request for unknown prescription of Flexeril is not medically necessary.

**Unknown prescription of lidoderm patch:** 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 Lidoderm (lidocaine patch) Page(s): 56.

**Decision rationale:** Unknown prescription of lidoderm patch is not medically necessary per the MTUS Chronic Pain Medical Treatment Guidelines. The guidelines state that topical lidocaine may be recommended for localized peripheral pain after there has been evidence of a trial of first-line therapy (tri-cyclic or SNRI anti-depressants or an AED such as gabapentin or Lyrica). This is not a first-line treatment and is only FDA approved for post-herpetic neuralgia. Further research is needed to recommend this treatment for chronic neuropathic pain disorders other than post-herpetic neuralgia. The documentation does not indicate a diagnosis of post herpetic neuralgia. The request does not indicate a strength or quantity of Lidoderm patch. For these reasons the request for Lidoderm Patch is not medically necessary.

**1 Surgical consultation:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 305.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management Page(s): 92.

**Decision rationale:** 1 surgical consultation is not medically necessary per the MTUS Guidelines. The guidelines state that referral may be appropriate if the practitioner is uncomfortable with the line of inquiry with treating a particular cause of delayed recovery (such as substance abuse), or has difficulty obtaining information or agreement. The documentation indicates that the patient is not interested in having surgery. The request for 1 surgical consultation is not medically necessary.