

<b>Case Number:</b>	CM14-0156721		
<b>Date Assigned:</b>	09/26/2014	<b>Date of Injury:</b>	03/25/1997
<b>Decision Date:</b>	10/28/2014	<b>UR Denial Date:</b>	09/17/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/24/2014

### 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 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 79-year-old female who reported an injury on 03/25/1998. The mechanism of injury was not provided. The injured worker's diagnoses included chronic cervical sprain/strain, nonverified radiculopathy at C6-7, multilevel disc bulges and herniation with stenosis, chronic lumbar sprain/strain, nonverifiable radiculopathy at L5-S1, and multilevel disc herniation with stenosis and neural foraminal narrowing. The injured worker's past treatments included medications and a home exercise program. On the clinical note dated 08/08/2014, the injured worker complained of cervical spine pain, rated 7/10 to 9/10. The injured worker indicated her pain before medication was 7/10 to 9/10, and after medication was 5/10 to 8/10. The injured worker had decreased range of motion to the cervical spine. The injured worker's medications included Flexeril 10 mg every 8 hours, hydrocodone 7.5/325 mg every 6 hours, and diclofenac/lidocaine 3%/5% cream. The request was for Flexeril 10 mg #60, hydrocodone 7.5/325 mg #60, and diclofenac/lidocaine 3%/5% #180 gm. The rationale for the request was pain management. The Request for Authorization form was not submitted for review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Flexeril (Cyclobenzaprine HCL) 10mg, 1 tab po q8h with food, #60: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines MUSCLE RELAXANTS Page(s): 63-66.

**Decision rationale:** The request for Flexeril (cyclobenzaprine HCl) 10mg, 1 tab po q8h with food, #60 is not medically necessary. The injured worker is diagnosed with chronic cervical sprain/strain, nonverified radiculopathy at C6-7, multilevel disc bulges and herniation with stenosis, chronic lumbar sprain/strain, nonverifiable radiculopathy at L5-S1, and multilevel disc herniation with stenosis and neural foraminal narrowing. The injured worker complained of cervical spine pain rated 7/10 to 9/10. The California MTUS Guidelines recommend non-sedating muscle relaxants with caution as a second line option for short term treatment of acute exacerbations in patients with chronic lumbar pain. Muscle relaxants may be effective in reducing pain and muscle tension, and increasing mobility. Flexeril is recommended for a short course of therapy. This medication is not recommended to be used longer than 2 to 3 weeks. The injured worker's medical records lacked documentation of efficacy of the medication, the time frame of efficacy, and the efficacy of functional status that the medication provides. As such, the request for Flexeril (cyclobenzaprine HCl) 10mg, 1 tab po q8h with food, #60 is not medically necessary.

**Anexsia (Hydrocodone 7.5/325mg), 1 tab po q6h for pain, #60:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines OPIOID MANAGEMENT Page(s): 78.

**Decision rationale:** The request for Anexsia (hydrocodone 7.5/325mg), 1 tab po q6h for pain, #60 is not medically necessary. The injured worker is diagnosed with chronic cervical sprain/strain, nonverified radiculopathy at C6-7, multilevel disc bulges and herniation with stenosis, chronic lumbar sprain/strain, nonverifiable radiculopathy at L5-S1, and multilevel disc herniation with stenosis and neural foraminal narrowing. The injured worker complained of cervical spine pain rated 7/10 to 9/10. The California MTUS Guidelines recommend an ongoing review of medications with documentation of pain relief, functional status, appropriate medication use, and side effects. The requesting physician did not provide documentation of an adequate and complete assessment of the injured worker's pain. The documentation did not include a recent urine drug screen or documentation of side effects. There is a lack of documentation indicating the injured worker has significant objective functional improvement with the medication. As such, the request for Anexsia (hydrocodone 7.5/325mg), 1 tab po q6h for pain, #60 is not medically necessary.

**Diclofenac/Lidocaine (3%/5%) #180g:**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines TOPICAL ANALGESICS Page(s): 111-112.

**Decision rationale:** The request for diclofenac/lidocaine (3%/5%) #180g is not medically necessary. The injured worker is diagnosed with chronic cervical sprain/strain, nonverified radiculopathy at C6-7, multilevel disc bulges and herniation with stenosis, chronic lumbar sprain/strain, nonverifiable radiculopathy at L5-S1, and multilevel disc herniation with stenosis and neural foraminal narrowing. The injured worker complained of cervical spine pain rated 7/10 to 9/10. The California MTUS Guidelines primarily recommend topical analgesics for neuropathic pain when trials of antidepressants and anticonvulsants have failed. These agents are applied locally to painful areas with advantages that include lack of systemic side effects, absence of drug interactions, and no need to titrate. The guidelines state that any compounded product that contains at least one drug that is not recommended is not recommended. Lidocaine is recommended for localized peripheral pain after there has been evidence of a trial of first line therapy, such as gabapentin or Lyrica. No other commercially approved topical formulations of lidocaine creams, lotions, or gels are indicated for neuropathic pain besides Lidoderm. There was a lack of documentation of the efficacy of the medication regimen, the time frame of efficacy, and the efficacy of functional status that the medication provided. Additionally, the request does not indicate the dosage, frequency, or application site for the medication. As such, the request for diclofenac/lidocaine (3%/5%) #180g is not medically necessary.