

<b>Case Number:</b>	CM14-0157564		
<b>Date Assigned:</b>	09/30/2014	<b>Date of Injury:</b>	08/29/2000
<b>Decision Date:</b>	11/04/2014	<b>UR Denial Date:</b>	09/17/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/25/2014

### 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 Occupational 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 claimant is a represented [REDACTED] employee who has filed a claim for chronic mid back pain, neck pain, and headaches reportedly associated with an industrial injury of August 29, 2000. Thus far, the applicant has been treated with the following: Analgesic medications; opioid therapy; topical agents; muscle relaxants; unspecified amounts of physical therapy over the course of the claim; an ergonomic evaluation; a hand brace; and reported return to regular duty work. In a Utilization Review Report dated September 17, 2014, the claims administrator partially approved a request for Fiorinal, apparently for weaning purposes, denied Lidoderm patches, and denied Amrix. The applicant's attorney subsequently appealed. In a September 11, 2014 progress note, authorization was sought for Fiorinal, Lidoderm, Amrix, and Vicodin. The applicant presented with myalgias, myositis, shoulder pain, mid back pain, and hand pain. The applicant was apparently working and was pending an ergonomic evaluation. The applicant was using Fiorinal for headaches, Amrix for muscle tension, Vicodin a few times a week, and Lidoderm before stretching. Multiple medications were refilled while the applicant was returned to regular duty work. The applicant apparently suggested that the primary pain generator was the shoulder and that Lidoderm patches at issue were being applied to the same.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Remaining Fiorinal #30: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Barbiturate Containing Analgesics Page(s): 23.

**Decision rationale:** As noted on page 23 of the MTUS Chronic Pain Medical Treatment Guidelines, barbiturate containing analgesics such as Fiorinal are "not recommended" in the chronic pain context present here. The attending provider failed to furnish any compelling applicant-specific rationale or medical evidence which would offset the unfavorable MTUS position on the article at issue. Therefore, the request is not medically necessary.

**Lidoderm Patches 5% #90:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Lidocaine Page(s): 112.

**Decision rationale:** As noted on page 112 of the MTUS Chronic Pain Medical Treatment Guidelines, topical Lidoderm is indicated in the treatment of localized peripheral pain or neuropathic pain in applicants in whom there has been a trial of first-line therapy with antidepressants and/or anticonvulsants. In this case, however, the applicant's pain does not appear to be neuropathic or neurologic in nature. Rather, the applicant appears to have mechanical pain localizable to the shoulder. Furthermore, there has been no evidence that antidepressants and/or anticonvulsant adjuvant medications were trialed and/or failed before selection and/or ongoing usage of the Lidoderm patches at issue. Therefore, the request is not medically necessary.

**Amrix 15 mg #30:** Upheld

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

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

**Decision rationale:** As noted on page 41 of the MTUS Chronic Pain Medical Treatment Guidelines, the addition of Cyclobenzaprine (Amrix) to other agents is not recommended. In this case, the applicant is, in fact, using a variety of analgesic, topical, barbiturate, and opioid agents. Adding Cyclobenzaprine (Amrix) to the mix is not recommended. Therefore, the request is not medically necessary.