

<b>Case Number:</b>	CM14-0168969		
<b>Date Assigned:</b>	10/17/2014	<b>Date of Injury:</b>	06/03/2012
<b>Decision Date:</b>	11/26/2014	<b>UR Denial Date:</b>	09/22/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/14/2014

### 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 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 underlying date of injury in this case is 6/3/2012. The date of Utilization Review under appeal is 9/22/2014. On 8/14/2014, the patient was seen in follow-up regarding low back pain and neck pain. The patient reported that her pain was continued to be controlled with medications and a home exercise program. The patient was also working a retail job. The patient was using Lidoderm patches to the neck and low back during the day and also using Flexeril as well as Norco twice a day and also Maxalt particularly for headaches, but not on a daily basis. The patient was also using Gabapentin at bedtime. The treating physician noted on examination that the patient had a Spurling maneuver on the left side of the neck, paresthesias and dysesthesia in the biceps and forearm. The treating physician recommended continuing medications.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Lidoderm patches 3 patches/day #90:** Upheld

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

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

**Decision rationale:** The California Medical Treatment Utilization Schedule Chronic Pain Medical Treatment Guidelines section on Topical Analgesics states topical Lidoderm that it is indicated only for localized peripheral neuropathic pain after there has been failure of first-line therapy. It is not clear that Lidocaine has been requested for neuropathic pain. Moreover, it is not clear that this patient has failed a trial of first line therapy as defined by the treatment guidelines. Overall this request is not supported by the guidelines. This request is not medically necessary.

**Flexeril BID #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): 64.

**Decision rationale:** California Medical Treatment Utilization Schedule Chronic Pain Medical Treatment Guidelines section on Muscle Relaxants states Flexeril is indicated only for a short course of therapy. The medical records do not provide an alternate rationale to support this medication on a chronic basis. This request is not medically necessary.

**Maxalt PRN #30:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Head Chapter, and Triptans.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Head, Headache

**Decision rationale:** California Medical Treatment Utilization Schedule does not specifically discuss this medication. Official Disability Guidelines/Treatment in Workers Compensation/Headache does discuss this medication. Specifically this guideline states that all triptans are effective for migraine headaches. The medical records do not clearly document the diagnosis of migraine headache. The rationale or indication for this medication is not apparent at this time. This request is not medically necessary.