

<b>Case Number:</b>	CM14-0024845		
<b>Date Assigned:</b>	06/25/2014	<b>Date of Injury:</b>	01/07/2007
<b>Decision Date:</b>	11/18/2014	<b>UR Denial Date:</b>	02/25/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/27/2014

### 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 & Rehabilitation, has a subspecialty in Interventional Spine 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 patient is a 55 year old female with an injury date of 01/07/07. The 10/08/13 report states that the patient presents with lower back pain referring to the lower extremities. Examination shows the patient avoids putting full weight on the right lower extremity and stands with a left list. Lumbar palpation reveals moderate tenderness primarily on the right sacroiliac joint compared to the left as well as over the right L4, L5, L5 S1 segments. Gillet's sign is positive on the right more than left. Fortin's sign is positive right. The patient's diagnoses include lumbar radiculopathy; lumbar facet arthralgia; bilateral sacral iliac arthralgia; and lumbar disc injury. Medications are listed as Lidoderm, Flexeril, Ibuprofen and Therma care patches. The utilization review being challenged is dated 02/25/14. The rationale is that there was no response for additional information. Reports were provided from 06/06/13 to 06/16/14. Lumbar radiculopathyLumbar facet arthralgiaBilateral sacral iliac arthralgiaLumbar disc injuryMedications are listed as Lidoderm, Flexeril, Ibuprofen and Therma care patches. The utilization review being challenged is dated 02/25/14. The rationale is that there was no response for additional information. Reports were provided from 06/06/13 to 06/16/14.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Motrin 600mg bid # 60 x 6 refills:** Overturned

**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 Medications for chronic pain, Anti-Inflammatory Medications Page(s): 60, 61, 22.

**Decision rationale:** The patient presents with lower back pain radiating to the lower extremities with difficulty putting weight on the right lower extremity. The treating physician submitted a request for Motrin (Ibuprofen, a non-steroidal anti-inflammatory drug (NSAID)) 600 mg BID #60 x 6 refills. MTUS Anti-inflammatory medications page 22 states, "Anti-inflammatories are the traditional first line of treatment, to reduce pain so activity and functional restoration can resume, but long-term use may not be warranted." On 10/08/13 the treating physician states, Ibuprofen has been an effective medication. In this case, the patient is documented to have lower back pain radiating to the lower extremity since at least 03/09/13, and the treating physician states the medication is of benefit to the patient. Therefore, this request is medically necessary.

**Flexeril 10 mg QHS # 30 X 6 refills:** 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 Muscle relaxants Page(s): 63, 64.

**Decision rationale:** The patient presents with lower back pain radiating to the lower extremities with difficulty putting weight on the right lower extremity. The treating physician submitted a request for Flexeril (Cyclobenzaprine) 10 mg QHS #30 X 60 refills. The reports provided indicate the patient started this medication on 03/09/13 and continued use on 06/06/13 and 10/08/13. MTUS guidelines for muscle relaxants for pain page 63 states the following: "Recommend non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic LBP." MTUS does not recommend more than 2-3 weeks for use of this medication. On 10/08/13 the treating physician states this medication improves the patient's pain. There is no discussion in the reports provided, however, regarding the long term use of the medication. It appears use is far longer than the 2-3 weeks recommended by MTUS. Therefore, this request is not medically necessary.

**Lidoderm 5 % patch (12 hrs. on 12 hrs. off) # 60 x 4 refills:** 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 lidoderm patches Page(s): 56, 57.

**Decision rationale:** The patient presents with lower back pain radiating to the lower extremities with difficulty putting weight on the right lower extremity. The treating physician submitted a

request for Lidoderm 5% patch (12 hrs on 12 hrs off) #60 x 4 refills. An MTUS guideline, Lidoderm (lidocaine patch) pages 56, 57 states the following, indication: Neuropathic pain. It is also indicated for peripheral and localized pain; however, the Official Disability Guidelines (ODG) states that this peripheral and localized pain is that of neuropathic pain. The treating physician does not discuss this request in the reports provided. It appears the patient has been using the medication since at least 06/06/13. In this case, the medication is indicated for peripheral localized neuropathic pain and there is no evidence of this in this patient. Therefore, this request is not medically necessary.

**Thermacare patch bid # 60 x 4 refills:** 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 Medications for chronic pain Page(s): 60, 61. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back Lumbar & Thoracic Chapter, Heat therapy

**Decision rationale:** The patient presents with lower back pain radiating to the lower extremities with difficulty putting weight on the right lower extremity. The treating physician submitted a request for ThermoCare patch bid #60 x 4 refills. The reports show the patient has been using this product since 06/16/13. Official Disability Guidelines (ODG), Low Back Lumbar & Thoracic Chapter, Heat therapy topic states, "Recommended as an option." The Procter & Gamble ThermoCare Heat Wrap is specifically mentioned as more effective than other products. Although the use of this product may be indicated given the patient's chronic back condition, the treating physician does not discuss the use of this product and their efficacies in any of the reports provided, or provide a record of pain and function as required by MTUS page 60. Therefore, this request is not medically necessary.