

<b>Case Number:</b>	CM14-0038410		
<b>Date Assigned:</b>	06/27/2014	<b>Date of Injury:</b>	07/27/2007
<b>Decision Date:</b>	08/29/2014	<b>UR Denial Date:</b>	03/27/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/01/2014

### 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 Anesthesiology and is licensed to practice in Florida. 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 63-year-old male who reported an injury on 07/27/2007 caused by an unspecified mechanism. The injured worker's treatment history included medications, EMG/NCV, MRI, and urine drug screen. The injured worker was evaluated on 02/24/2014. It was documented that the injured worker complained of weakness in the bilateral lower extremities and had attended 6/6 visits of physical therapy. Objective findings demonstrated lumbar spine slow gait. Tenderness to palpation over the bilateral paraspinals. Positive straight leg raise. Sensory decreased on the right leg on foot/heel. Was unable to make out other findings due to illegible handwriting. The provider noted the injured worker had positive joint pain, muscle spasms, difficulty sleeping, and headaches. Medications included Norco, Lidoderm patches, and Fexmid. It was noted the pain level was 5/10 to 6/10 with medications and 9/10 without. The duration of relief was noted to be 6 to 8 hours and able to perform activities of daily living. Diagnoses included cervicogenic headaches, right occipital neuralgia, and orthopedic issues are deferred. The Request for Authorization dated 02/24/2014 was for Lidoderm patches and Fexmid 7.5 mg; however, the rationale was not submitted for this review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Lidoderm Patches:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Lidoderm Page(s): 56 & 57.

**Decision rationale:** The California MTUS Guidelines indicate that topical lidocaine is recommended for localized peripheral pain after there has been evidence of a trial and failure of first line therapy. This is not a first line treatment and is only FDA approved for postherpetic neuralgia. It is only recommended in the form of the Lidoderm patch. The clinical documentation submitted for review failed to indicate the outcome measurements of home exercise regimen and long-term functional goals for the injured worker. The duration of use could not be established through supplied documentation. The request as submitted failed to indicate the frequency, location where patch is needed on injured worker, and quantity for the requested medication. Given the above, the request for Lidoderm patches is not medically necessary.

**Fexmid, 7.5mg #60:** 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.

**Decision rationale:** The requested service is not medically necessary. According California (MTUS) Chronic Pain Medical Guidelines recommends Flexeril as an option, using a short course therapy. Cyclobenzaprine (Flexeril) is more effective than placebo in the management of back pain; the effect is modest and comes at the price of greater adverse effects. The effect is greatest in the first 4 days of treatment, suggesting that shorter courses may be better. Treatment should be brief. There is also a post-op use. The addition of Cyclobenzaprine to other agents is not recommended. Cyclobenzaprine-treated patients with fibromyalgia were 3 times as likely to report overall improvement and to report moderate reductions in individual symptoms, particularly sleep. Cyclobenzaprine is closely related to the tricyclic antidepressants and amitriptyline. The documentation submitted lacked outcome measurements of conservative such as, prior physical therapy sessions and medication pain management. There was lack of documentation provided on her long term-goals of functional improvement of her home exercise regimen. In addition, the request lacked frequency and duration of the medication. As such, the request for Fexmid 7.5 mg # 60 is not medically necessary.