

<b>Case Number:</b>	CM14-0045832		
<b>Date Assigned:</b>	07/02/2014	<b>Date of Injury:</b>	09/16/2003
<b>Decision Date:</b>	08/27/2014	<b>UR Denial Date:</b>	04/01/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/14/2014

### 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 injured worker is a 72-year-old male who reported an injury on 09/16/2003 due to an unknown mechanism. The injured worker was diagnosed with lumbar disc displacement, lumbar radiculopathy, hypertension, medication related to dyspepsia, deconditioned state with history of atrial fibrillation, status post pacemaker implant, history of gastric ulcer, status post pacemaker placement afib, status post multiple lumbar spine surgeries x7, and history of thoracic granuloma. Prior treatments included a caudal epidural steroid injection bilaterally at L4-S1 on 08/22/2013, medications, activity modifications, and physical therapy. An MRI of the lumbar spine was conducted on 06/03/2010; a CT scan of the lumbar spine was performed on that same date. The injured worker saw his physician on 11/08/2013 and reported complaints of low back pain radiating bilaterally to the lower extremities and lower extremity pain bilaterally in the hips. The injured worker rated his pain at 3/10 with medications and 9/10 without medications. The clinical note dated 12/06/2013 noted the injured worker complained of low back pain that radiated bilaterally to the lower extremities and lower extremity pain bilaterally in the hips. The injured worker reported pain rated 3/10 when taking medications and 8/10 without medications. The injured worker noted pain increased with activity and walking. There were muscle spasms noted in the bilateral paraspinous musculature. On 02/28/2014, the injured worker low back pain radiating down the left lower extremity which was aggravated by activity. The injured worker complained of frequent, severe muscle spasms in the lower back. The injured worker also complained of mid-back pain rated at 8/10 with medications and 10/10 without medications. The injured worker's pain was reported as worsening since the prior visit. The injured worker reported activities of daily living limitations in regards to self-care and hygiene, activity, ambulation, and function, sleep, and sex. The injured worker's medications included Roxycodone 5 mg tablets, taken 1 to 2 tablets by mouth every 8 hours as needed for pain; Flexeril

5 mg, 1 tablet 3 times daily for spasms; and Lidoderm 5% patch, applying 1 to 3 patches to the area every 12 hours per day. The physician's treatment plan on 02/02/2014 included continuing medications, with a follow-up in the office in 1 month. The physician was requesting Lidoderm patch, quantity 30, and Flexeril 5 mg, 80 tablets. The provider recommended Flexeril to attempt slow weaning. The Request for Authorization form was signed on 03/20/2014.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

#### **Lidoderm Patch #30: 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 Patch Page(s): 56 and 57.

**Decision rationale:** The request for the Lidoderm patch, 30 count, is not medically necessary. The California MTUS Guidelines for Lidoderm may be recommended for localized peripheral pain after there has been evidence of a trial of first-line therapy, tricyclic or SNRI antidepressants, or an AED such as gabapentin or Lyrica. This is not a first-line treatment and is only FDA-approved for postherpetic neuralgia. Further research is needed to recommend this treatment for chronic neuropathic pain disorders other than postherpetic neuralgia. The physician has not noted the use of a trial of a first-line therapy for an antidepressant or any anti-epileptic drugs such as Gabapentin or Lyrica; the application of this medication is not a first-line treatment for postherpetic neuralgia. The injured worker has not been diagnosed with postherpetic neuralgia. There is a lack of documentation indicating the injured worker has significant objective functional improvement with the medication. Additionally, the request does not indicate the frequency and dosage at which the medication is prescribed in order to determine the necessity of the medication. As such, the request is not medically necessary.

#### **Flexeril 5mg #80: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine (Flexeril) Page(s): 41 and 64.

**Decision rationale:** The request for Flexeril 5 mg, 80 count, is not medically necessary. Flexeril is recommended for a short course of therapy. Limited mixed evidence does not allow for a recommendation for chronic use. The effect is greatest in the first 4 days of treatment, suggesting that shorter courses may be better. The addition of Flexeril to other agents is not recommended. The injured worker has been taking this medication since at least 10/11/2013, which exceeds the recommendation for a short course of therapy. The injured worker has demonstrated no improvement in pain. There is a lack of documentation indicating the injured

worker has significant objective functional improvement with the medication. There is a lack of documentation indicating improved muscle spasms. Additionally, the request does not indicate the frequency at which the medication is prescribed in order to determine the necessity of the medication. This does not comply with MTUS Guidelines. As such, the request is not medically necessary.