

<b>Case Number:</b>	CM14-0046469		
<b>Date Assigned:</b>	07/02/2014	<b>Date of Injury:</b>	10/12/2009
<b>Decision Date:</b>	08/01/2014	<b>UR Denial Date:</b>	04/07/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/15/2014

### 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, has a subspecialty in Pain Medicine and is licensed to practice in Texas and 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 patient is a 45 year old female who was injured on 10/12/2009. The diagnoses are low back pain, cervical radiculopathy, muscle spasm, mood disorder and bilateral carpal tunnel syndrome. The patient completed PT and acupuncture treatments but reported increased pain after the treatments. A 2011 MRI of the cervical spine showed C5-C6 disc bulge and central stenosis C4-C7. [REDACTED] noted subjective complaints of increased pain and decreased physical activities following non authorization of the medications. Other medications such as Ultram, NSAIDs and neuropathic agents are reported to be ineffective or discontinued due to side effects. The current medications listed are tramadol and lidocaine patch for pain and cyclobenzaprine for muscle spasm. A Utilization Review determination was rendered on 4/7/2014 recommending non-certification for cyclobenzaprine 10mg #60 and lidocaine patch 5% #90.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**CYCLOBENZAPRINE 10MG #60 (FLEXERIL): 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 Page(s): 41,63-66.

**Decision rationale:** The CA MTUS addressed the use of antispasmodics and muscle relaxants in the treatment of muscle spasms associated with chronic pain syndrome. It is recommended that only non-sedating muscle relaxants be utilized to minimize the risk of dependency, sedation and addiction. Muscle relaxants can be useful as a second line medication for short term treatment of acute exacerbation symptoms that are non responsive to standard treatment with NSAIDs, physical therapy and exercise. The record did not show that the patient have failed treatment with antidepressant medications. The patient was diagnosed with mood disorder. Antidepressants such as SNRIs can be effective for the treatment of neuropathic pain and chronic pain syndrome. The criteria for the chronic use of cyclobenzaprine 10mg #60 was not met.

**LIDOCAINE PATCH 5% #90:** 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 Page(s): 56-57, 67-73, 111-113.

**Decision rationale:** The CA MTUS addressed the use of topical lidocaine in the form of Lidoderm 5% for the treatment of localized neuropathic pain. Lidoderm is not indicated for myofascial pain or osteoarthritis. It is recommended that Lidoderm be used as a second-line medication for the treatment of patients who have failed or cannot tolerate first-line medications such as anticonvulsant and antidepressant medications. The record did not indicate that the patient have failed first-line medications. The patient was complaining of increasing pain despite the use of Lidoderm patch. The use of antidepressant with SNRI activity will be more effective for chronic pain syndrome with co-existing mood disorder. The criteria for the use of topical Lidocaine 5% patch #90 was not met.