

<b>Case Number:</b>	CM14-0047334		
<b>Date Assigned:</b>	07/02/2014	<b>Date of Injury:</b>	09/01/2009
<b>Decision Date:</b>	08/21/2014	<b>UR Denial Date:</b>	03/27/2014
<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 Physical Medicine and Rehabilitation, has a subspecialty in Pain Medicine and is licensed to practice in Texas and Oklahoma. 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 58-year-old male who reported an unknown injury on 09/01/2009. On 11/11/2013, his complaints included low back pain, bilateral lower extremity pain, and right lower extremity numbness, tingling, and weakness. The examination of the thoracolumbar spine revealed bilateral muscle spasms and midline tenderness. His lumbar spine ranges of motion, measured in degrees were flexion 40/60, extension 15/25, right and left lateral bending 15/25, right and left rotation 20/30. His straight leg raising test was positive bilaterally at 10 degrees. An MRI on 12/23/2009 revealed lumbar spine degenerative disc disease, L4-L5 disc bulge, right L4-5 foraminal stenosis, L4-S1 disc bulge, L5-S1 disc extrusion, and L5-S1 foraminal stenosis. He had failed physical therapy and epidural steroid injections, but no dates or modalities were documented. On 03/18/2014, it was noted that he had ongoing pain in the right foot in a radicular pattern and moderate lumbar paravertebral spasms. It further noted that he had decreased sensation to the dorsum of the right foot. His medications included Norco, Flexeril, and Lidoderm patches with no dosages noted. There was no rationale provided in the documentation. A request for authorization dated 03/19/2014 was included.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Lidoderm patches 5% #30: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 112.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113.

**Decision rationale:** The request for Lidoderm patches 5% #30 is not medically necessary. The California MTUS Guidelines refer to topical analgesics as largely experimental with few randomized control trials to determine efficacy or safety. They are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. They have advantages that include lack of systemic side effects, absence of drug interactions, and no need to titrate. Lidocaine is recommended for localized peripheral pain after there has been evidence of trials of first line therapy including tricyclic or SNRI antidepressants or an antiepileptic drug such as gabapentin or Lyrica. The only form of FDA approved topical application of Lidocaine is the dermal patch for neuropathic pain. There was no submitted documentation of failed trials of first line therapy including antidepressants, antiepileptic medications or NSAIDS. The request did not include the body parts to which the patches were to have been applied, or the frequency of application. Therefore, this request for Lidoderm patches 5% #30 is not medically necessary.

**Flexeril 10mg #50:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants Page(s): 63-66.

**Decision rationale:** The request for Flexeril 10 mg #50 is not medically necessary. The California MTUS Guidelines recommend that non-sedating muscle relaxants be used with caution as a second line option for short term treatment of acute exacerbations in patients with chronic low back pain. In most low back pain cases, they show no benefit beyond NSAIDS. Efficacy appears to diminish over time, and prolonged use of some medications in this class may lead to dependence. Decisions are based on evidence based criteria. Muscle relaxants are supported for only short term use. Chronic use would not be supported by the guidelines. Flexeril is recommended for a short course of therapy. Limited mixed evidence does not allow for a recommendation for its chronic use. It is a skeletal muscle relaxant and a central nervous system depressant. It is not recommended to be used longer than 2-3 weeks. The submitted documentation did not address any significant functional benefits with the use of Flexeril. Additionally, frequency of administration was not specified in the request. Therefore, this request for Flexeril 10 mg #50 is not medically necessary.