

<b>Case Number:</b>	CM14-0061160		
<b>Date Assigned:</b>	07/09/2014	<b>Date of Injury:</b>	09/30/2010
<b>Decision Date:</b>	08/21/2014	<b>UR Denial Date:</b>	04/28/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/02/2014

### 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 Texas and Ohio. 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 46-year-old male who reported an injury on 09/30/2010. The mechanism of injury was not specifically stated. Current diagnoses include shoulder joint pain, elbow joint pain, lower leg pain, lumbago, cervical degenerative disc disease, lumbar degenerative disc disease, herniated cervical disc, cervical facet arthropathy, cervicalgia, and sciatica. The injured worker was evaluated on 04/10/2014 with complaints of persistent pain. The injured worker reported 30-40% relief with the use of the current medication regimen. Current medications include Lidoderm 5% patch, Voltaren gel 1%, Flexeril 10 mg, Ultram 50 mg, and Norco 10/325 mg. Physical examination on that date revealed tenderness to palpation of the left elbow with guarding, decreased cervical range of motion, tenderness over the posterior neck, and sensory deficits in the C6-7 and C7-T1 dermatomes bilaterally. Treatment recommendations at that time included continuation of the current medication regimen.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Lidoderm Patch 5% #180:** Upheld

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

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

**Decision rationale:** California MTUS Guidelines state Lidocaine is indicated for neuropathic pain or localized peripheral pain after there has been evidence of a trial of first-line therapy. As per the documentation submitted, the injured worker has utilized Lidocaine 5% patch since 10/2013 without any evidence of objective functional improvement. There is also no documentation of a failure to respond to first-line therapy as recommended by the California MTUS Guidelines. There is no frequency listed in the current request. As such, the request is not medically necessary.

**Voltaren Gel 1% #60:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111.

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

**Decision rationale:** California MTUS Guidelines state the only FDA approved topical NSAID is Diclofenac, which is indicated for the relief of osteoarthritis pain. It has not been evaluated for treatment of the spine. Therefore, the current request cannot be determined as medically appropriate. There is also no frequency listed in the current request. As such, the request is not medically necessary.

**Flexeril 10 mg #360:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain) Page(s): 64-66.

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

**Decision rationale:** California MTUS Guidelines state muscle relaxants are recommended as non-sedating second-line options for short-term treatment of acute exacerbations. Cyclobenzaprine should not be used for longer than 2 to 3 weeks. The injured worker has utilized Flexeril 10 mg since 10/2013. There is no documentation of palpable muscle spasm or spasticity upon physical examination. There is also no frequency listed in the current request. As such, the request is not medically necessary.

**Ultram 50 mg #1080:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 93-94, 113.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 74-82.

**Decision rationale:** California MTUS Guidelines state a therapeutic trial of opioids should not be employed until the patient has failed a trial of non-opioid analgesics. Ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects should occur. As per the documentation submitted, the injured worker has utilized this medication since 10/2013 without any evidence of objective functional improvement. There is also no frequency listed in the current request. As such, the request is not medically necessary.

**Norco 10/325 mg #150:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids for chronic pain Page(s): 80-81.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-82.

**Decision rationale:** California MTUS Guidelines state a therapeutic trial of opioids should not be employed until the patient has failed a trial of non-opioid analgesics. Ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects should occur. As per the documentation submitted, the injured worker has utilized this medication since 10/2013 without any evidence of objective functional improvement. There is also no frequency listed in the current request. As such, the request is not medically necessary.