

<b>Case Number:</b>	CM14-0077947		
<b>Date Assigned:</b>	07/18/2014	<b>Date of Injury:</b>	10/30/2010
<b>Decision Date:</b>	09/23/2014	<b>UR Denial Date:</b>	05/06/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/28/2014

### 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. 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 41 year old female who sustained an injury on 10/30/10 for what appears to be continuous trauma to the right shoulder. The injured worker has had prior physical therapy as well as multiple injections, the use of hot and ice packs, ultrasound treatment, and acupuncture therapy with no improvement. Prior imaging noted tendinopathy within the rotator cuff without tearing of the cuff or labrum. The injured worker did present with positive impingement signs. As of 03/14/14, the injured worker described continuing nausea and pain. The injured worker was utilizing Omeprazole. Other medications included medical foods and Ondansetron as well as Vicodin and Flexeril without significant benefit. The injured worker was planned on starting transdermal creams as well as epidural steroid injections. Per the report, it appears that the injured worker was also being prescribed Norco, Pristiq, and Lorazepam. No specific physical examinations at this evaluation were reported. The requested Lidoderm patch 5%, quantity 30 and Fexmid 7.5mg, quantity 60 were both denied by utilization review on 05/06/14.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Lidoderm patch 5 percent #30:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 56, 57.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Lidoderm Patch Page(s): 54.

**Decision rationale:** In regards to the request for Lidoderm patch 5%, quantity 30, this reviewer would not have recommended this request as medically appropriate based on review of the clinical documentation submitted as well as current evidence based guidelines. The injured worker did not present with any clear objective evidence regarding pain secondary to a neuropathic etiology that would require the use of a Lidoderm patch. This medication can be considered an option in the treatment of neuropathic pain that has failed 1st line medications such as anticonvulsants or antidepressants. Given that the clinical documentation submitted for review did not clearly indicate failure of 1st line medications such as antidepressants or anticonvulsants and as there was no clear evidence of an ongoing neuropathic pain condition, the request for Lidoderm patch is not medically necessary.

**Fexmid 7.5mg #60:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Antispasmodics Page(s): 64.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants Page(s): 63-67.

**Decision rationale:** In regards to the use of Fexmid 7.5mg quantity 60, this reviewer would not have recommended this medication as medically necessary based on the clinical documentation provided for review and current evidence based guideline recommendations. The chronic use of muscle relaxers is not recommended by current evidence based guidelines. At most, muscle relaxers are recommended for short term use only. The efficacy of chronic muscle relaxer use is not established in the clinical literature. There is no indication from the clinical reports that there had been any recent exacerbation of chronic pain or any evidence of a recent acute injury. Therefore, ongoing use of Fexmid is not recommended. Fexmid is not medically necessary.