

<b>Case Number:</b>	CM14-0088206		
<b>Date Assigned:</b>	07/23/2014	<b>Date of Injury:</b>	06/08/2000
<b>Decision Date:</b>	08/29/2014	<b>UR Denial Date:</b>	06/09/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/12/2014

### 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 & 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 70-year-old female who reported an injury on 06/08/2000. The mechanism of injury was not documented in the submitted report. The injured worker has diagnoses of wrist and cervical pain. The injured worker's past medical treatment includes walking, stretching for daily exercises, ESI injections, and medication therapy. Urine drug screens were obtained on 02/02/2011 and 01/12/2011, and an MRI of the left shoulder that was obtained 03/19/2009. The injured worker complained of neck pain and bilateral elbow pain. There were no measurable pain levels documented in the submitted report. The physical examination dated 05/27/2014 revealed that the injured worker's cervical spine had no lordosis, asymmetry, or abnormal curvature. Range of motion was restricted with extension limited to 25 degrees by pain, lateral rotation to the left limited to 60 degrees, and lateral rotation to the right limited to 45 degrees, but normal flexion. The examination of the paravertebral muscles noted tenderness upon palpation bilaterally. Spurling's maneuver caused pain in the muscles of the neck and radiated to the upper extremity. All upper limb reflexes were equal and symmetric. The examination of the thoracic spine revealed a normal curvature. Full flexion, extension, and lateral bending were noted. The spinous processes were non-tender to palpation and percussion. There was no midline shift. The paraspinal muscles were without tenderness, increased tone, or appreciable trigger point. The examination of the left shoulder revealed that the injured worker's movements were restricted with flexion limited to 140 degrees by pain, extension limited to 10 degrees, abduction limited to 110 degrees also by pain, and internal rotation behind the body, limited to 45 degrees. Hawkins's, Neer's, and shoulder cross over tests were positive. Drop arm test was negative. On palpation, there was tenderness in the bicep groove and sub deltoid bursa. There was also tenderness noted over the injured worker's right elbow as well as the left elbow. The injured worker's medications consist of Effexor XR 150 mg 1 tablet 2 times a day, Lidoderm

patch 1 patch a day, Relafen 750 mg 1 tablet 2 times a day, Skelaxin 400 mg 1 tablet 2 times a day, Ambien 10 mg 1 tablet at bedtime, Buspar 50 mg 1 tablet 3 times a day, and Norco 10/325 mg 1 tablet every 4 to 6 hours. The treatment plan is for the injured worker to refill medications, have a follow-up appointment in 12 weeks for further evaluation and treatment, and a referral for possible office injections. The rationale was not submitted for review. The request for authorization form was submitted on 12/11/2013.

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

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

**Skelaxin 500 mg #60 with two refills:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants (for pain) Page(s): 63-65.

**Decision rationale:** The injured worker complained of neck pain and bilateral elbow pain. There were no measurable pain levels documented in the submitted report. The California Medical Treatment Utilization Schedule (MTUS) Guidelines recommend non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic lower back pain. However, in lower back pain cases, they show no benefit beyond NSAIDs in pain and overall improvement. Also there is no additional benefit shown in combination with NSAIDs. Efficacy appears to diminish over time, and prolonged use of some medications in this class may lead to dependence. Skelaxin is reported to be relatively non-sedating muscle relaxant. Side Effects: Dizziness and drowsiness, although less than that compared to other skeletal muscle relaxants. Other side effects include headache, nervousness, nausea, vomiting, and GI upset. A hypersensitivity reaction (rash) has been reported. Use with caution in patients with renal and/or hepatic failure. Dosing: 800 mg 3 to 4 times a day. The Guidelines stipulate that Skelaxin is a second line option for short term treatment. First line treatments include some type of NSAID. There was no documentation showing that the medications the injured worker had been taking were effective or ineffective. There were urinalyses dated 01/12/2011 and 02/02/2011 showing that the injured worker was in compliance with the MTUS Guidelines, but no recent urinalyses were submitted. Furthermore, the submitted request did not specify a frequency or duration of the medication. The efficacy of Skelaxin also appears to be questionable. Therefore, the request for Skelaxin 500 mg #60 with two refills is not medically necessary and appropriate.

**Ambien 10 mg #30 with two refills:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, pain (chronic).

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Treatment for Insomnia (Ambien).

**Decision rationale:** Official Disability Guidelines indicate Zolpidem (Ambien) is a prescription short-acting non benzodiazepine hypnotic, appropriate for the short-term treatment of insomnia, generally 2 to 6 weeks. The submitted report dated 12/11/2013 showed that the injured worker had been on Ambien 10 mg since about this time. The Official Disability Guidelines stipulate that this medication should be short term, generally 2 to 6 weeks. Given the above, the request exceeds the ODG Guidelines. The submitted request also failed to include the frequency and duration of the requested medication. Furthermore, the efficacy of the medication was not documented in the submitted report. Therefore, the request for Ambien 10 mg #30 with two refills is not medically necessary and appropriate.

**Lidoderm 5% patch #30 with two refills:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Lidocaine Page(s): 57-58,112.

**Decision rationale:** The injured worker complained of neck pain and bilateral elbow pain. There were no measurable pain levels documented in the submitted report. The California Medical Treatment Utilization Schedule (MTUS) Guidelines state Lidoderm is the brand name for a lidocaine patch produced by Endo Pharmaceuticals. They are largely experimental in use with few randomized controlled trials to determine efficacy or safety. Topical lidocaine may be recommended for localized peripheral pain after there has been evidence of a trial of first-line therapy (tri-cyclic or SNRI anti-depressants or an AED such as gabapentin or Lyrica). No other commercially approved topical formulations of lidocaine (whether creams, lotions or gels) are indicated for neuropathic pain. According to MTUS Guidelines, Lidocaine is recommended to patients with a diagnosis of radiculopathy. Although the findings in the report show some evidence of neuropathic pain, the injured worker was not shown to be using any type of tricyclic or SNRI antidepressants or an AED such as gabapentin or Lyrica. In addition, the request did not include a frequency or a duration. Therefore, the request for Lidoderm 5% patch #30 with two refills is not medically necessary and appropriate.