

<b>Case Number:</b>	CM15-0010358		
<b>Date Assigned:</b>	02/12/2015	<b>Date of Injury:</b>	08/25/2014
<b>Decision Date:</b>	04/02/2015	<b>UR Denial Date:</b>	12/16/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/19/2015

### 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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation

### 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 35 year old male who sustained an industrial injury on 08/25/14. He reports constant low back pain shooting down the left leg as well as bilateral testicular pain. Treatments to date include medication and massage therapy. Diagnoses include lumbar disc herniation, left lumbar radiculitis and sciatica, lumbar sprain/strain, and chronic myofascial pain syndrome. In a progress noted dated 10/31/14 the treating provider recommends EMG/NCV, left ESI, TENS unit trial, and medications including Tylenol #3, Naproxen, Flexeril, and Neurontin. On 12/18/14 Utilization Review non-certified Lidocaine patches, Flexeril, and Prilosec, citing MTUS guidelines.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Lidocaine patch #30:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines topical lidocainetopical analgesic Page(s): 56-57, 111-113. Decision based on Non-MTUS Citation Official disability guidelines Pain chapter, Lidoderm.

**Decision rationale:** The patient presents with constant low back pain rated 7-8/10 which radiates axially into the mid back and upper back and also radiates into the left lower extremity. The patient's date of injury is 08/25/14. Patient is status post left sided L4-S1 transforaminal ESI, L5-S1 translaminar ESI on 12/17/14. The request is for Lidocaine patch #30. The RFA is dated 11/25/14. Physical examination dated 12/23/14 reveals tenderness to palpation of the lumbar paraspinal muscles, exaggerated response to light touch in lumbar spine, positive seated straight leg raise test at 60-70 degrees bilaterally, decreased sensation to light touch in the left leg. The patient is currently prescribed Naproxen, Flexeril, Neurontin, and Prilosec. Diagnostic imaging was not included, though operative report from lumbar ESI discusses undated EMG which confirms left sided L4-L5 radiculopathy. Patient is temporarily totally disabled until 01/20/15. MTUS Chronic Pain Medical Treatment guidelines, page 57 states: "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." Page 112 also states, "Lidocaine indication: neuropathic pain. Recommended for localized peripheral pain." When reading ODG guidelines, it specifies that Lidoderm patches are indicated as a trial if there is "evidence of localized pain that is consistent with a neuropathic etiology." ODG further requires documentation of the area for treatment, trial of a short-term use with outcome documented for pain and function. In regards to the request for additional Lidocaine patches for the management of this patient's chronic intractable pain, the patient does not present with peripheral and localized neuropathic pain. The patient has low back pain with radiating leg symptoms. This is not a localized neuropathic pain amenable to topical Lidocaine patches. These patches are not indicated for low back pain or axial chronic pain. The request IS NOT medically necessary.

**Flexeril 7.5mg #60:** 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 patient presents with constant low back pain rated 7-8/10 which radiates axially into the mid back and upper back and also radiates into the left lower extremity. The patient's date of injury is 08/25/14. Patient is status post left sided L4-S1 transforaminal ESI, L5-S1 translaminar ESI on 12/17/14. The request is for Flexeril 7.5mg #60. The RFA is dated 11/25/14. Physical examination dated 12/23/14 reveals tenderness to palpation of the lumbar paraspinal muscles, exaggerated response to light touch in lumbar spine, positive seated straight leg raise test at 60-70 degrees bilaterally, decreased sensation to light touch in the left leg. The patient is currently prescribed Naproxen, Flexeril, Neurontin, and Prilosec. Diagnostic imaging was not included, though operative report from lumbar ESI discusses undated EMG which confirms left sided L4-L5 radiculopathy. Patient is temporarily totally disabled until

01/20/15.MTUS pg 63-66 states: "Muscle relaxants -for pain-: Recommend non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbation in patients with chronic LBP. The most commonly prescribed antispasmodic agents are carisoprodol, cyclobenzaprine, metaxalone, and methocarbamol, but despite their popularity, skeletal muscle relaxants should not be the primary drug class of choice for musculoskeletal conditions. Cyclobenzaprine -Flexeril, Amrix, Fexmid, generic available-: Recommended for a short course of therapy." In regards to the request for what appears to be a continuing prescription of Flexeril for this patient's chronic pain, the treater has exceeded the appropriate duration of therapy. Progress notes provided indicate that this medication was initiated on 12/23/14, as no mention of its usage appears in the previous notes. However, MTUS guidelines indicate that muscle relaxants are only to be used for short duration therapy lasting 2-3 weeks. The requested 60 tablet prescription does not imply short duration therapy. Therefore, this request IS NOT medically necessary.

**Prilosec 20mg #60:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms and cardiovascular risks.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk Page(s): 69.

**Decision rationale:** The patient presents with constant low back pain rated 7-8/10 which radiates axially into the mid back and upper back and also radiates into the left lower extremity. The patient's date of injury is 08/25/14. Patient is status post left sided L4-S1 transforaminal ESI, L5-S1 translaminar ESI on 12/17/14. The request is for PRILOSEC 20MG #60. The RFA is dated 11/25/14. Physical examination dated 12/23/14 reveals tenderness to palpation of the lumbar paraspinal muscles, exaggerated response to light touch in lumbar spine, positive seated straight leg raise test at 60-70 degrees bilaterally, decreased sensation to light touch in the left leg. The patient is currently prescribed Naproxen, Flexeril, Neurontin, and Prilosec. Diagnostic imaging was not included, though operative report from lumbar ESI discusses undated EMG which confirms left sided L4-L5 radiculopathy. Patient is temporarily totally disabled until 01/20/15. MTUS Chronic Pain Medical Treatment Guidelines pg. 69 states "NSAIDs - Treatment of dyspepsia secondary to NSAID therapy: Stop the NSAID, switch to a different NSAID, or consider H2-receptor antagonists or a PPI. PPI's are also allowed for prophylactic use along with NSAIDs, with proper GI assessment, such as age greater than 65, concurrent use of oral anticoagulants, ASA, high dose of NSAIDs, or history of peptic ulcer disease, etc." In regards to the request for Prilosec, the reports provided show that the initiating prescription of Prilosec is 12/23/14, however the treater does not specifically discuss any GI symptoms at initiation. Progress report dated 12/23/14 indicates that this patient is prescribed an NSAID: Naproxen. While PPI's such as Prilosec are considered appropriate therapy for individuals experiencing GI upset from high-dose NSAID therapy, there is no discussion of GI symptoms, pertinent examination findings, or other subjective complaints which would support continued use of this medication. Therefore, this request IS NOT medically necessary.