

<b>Case Number:</b>	CM15-0130121		
<b>Date Assigned:</b>	07/16/2015	<b>Date of Injury:</b>	01/07/2007
<b>Decision Date:</b>	08/25/2015	<b>UR Denial Date:</b>	06/29/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/06/2015

### 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: Texas, New York, California  
 Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

### 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 applicant is a represented 55-year-old who has filed a claim for chronic low back and knee pain reportedly associated with an industrial injury of January 7, 2007. In a Utilization Review report dated June 29, 2015, the claims administrator failed to approve requests for Motrin, Flexeril, Lidoderm patches, and lidocaine gel. A partial approval is issued for Flexeril, while the other medications were denied outright. A June 2, 2015 progress note was referenced in the determination. The applicant's attorney subsequently appealed. Flexeril, Motrin, Lidoderm, and ThermaCare were all endorsed on a prescription form dated October 8, 2013. On June 2, 2015, the applicant reported 6 to 7/10 pain without medications versus 5 to 6/10 with medications. The applicant denied any issues with gastritis associated with Motrin (Advil) usage. The applicant stated that the combination of Motrin, Flexeril, and Lidoderm had all proven helpful. The attending provider nevertheless stated that the applicant was having difficulty performing activities of daily living to include sitting, standing, twisting, and bending. Motrin, Flexeril, and Lidoderm were all renewed, as were the applicant's permanent work restrictions. It was not clearly stated whether the applicant was or was not working on this particular date. In a March 3, 2015 progress note, the applicant reported ongoing complaints of low back pain radiating to the legs. Pain complaints 8 to 9/10 were noted. The attending provider stated that Motrin and heat applications had proven effective in attenuating the same. Flexeril and Lidoderm were also beneficial, it was reported. The treating provider stated that the applicant was working on this particular date. Motrin, Flexeril, Lidoderm patches, knee orthotic, a cane, and permanent work

restrictions were renewed. On December 16, 2014, the attending provider explicitly stated that the applicant was working full time 8/10 pain without medications versus 6/10 with medications.

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

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

**Motrin 300mg #60 with 6 refills: Overturned**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines non-steroidal anti-inflammatory drugs.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Anti-inflammatory medications Page(s): 22.

**Decision rationale:** The request for Motrin, an anti-inflammatory medication, is medically necessary, medically appropriate, and indicated here. As noted on page 22 of the MTUS Chronic Pain Medical Treatment Guidelines, anti-inflammatory medications such as Motrin do represent the traditional first line of treatment for various chronic pain medications, including the chronic low back pain reportedly present here. Here, all information on file points to the applicant's having affected a favorable response to ongoing usage of ibuprofen as evinced by (a) the applicant's subjective reports of analgesia with same and (b) the applicant's successful return to work. Continuing Motrin, thus, was indicated, given the applicant's demonstration of functional improvement as defined in MTUS 9792.20e with the same. Therefore, the request is medically necessary.

**Flexeril 10mg #30 with 6 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 Cyclobenzaprine (Flexeril) Page(s): 41.

**Decision rationale:** Conversely, the request for Flexeril (cyclobenzaprine) is not medically necessary, medically appropriate, or indicated here. As noted on page 41 of the MTUS Chronic Pain Medical Treatment Guidelines, the addition of cyclobenzaprine or Flexeril to other agents is not recommended. Here, the applicant was, in fact, using a variety of other agents, including Motrin, Lidoderm patches, lidocaine gel, etc. Adding cyclobenzaprine or Flexeril to the mix is not recommended. It is further noted that the 30-tablet, six-refill supply of cyclobenzaprine at issue, represents treatment well in excess of the "short course of therapy" for which cyclobenzaprine is recommended, per page 41 of the MTUS Chronic Pain Medical Treatment Guidelines. Therefore, the request is not medically necessary.

**Lidoderm 5% patch #90 with 6 refills: Upheld**

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

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

**Decision rationale:** The request for Lidoderm patches is not medically necessary, medically appropriate, or indicated here. While page 112 of the MTUS Chronic Pain Medical Treatment Guidelines does acknowledge that topical Lidoderm is indicated in the treatment of localized peripheral pain or neuropathic pain in applicants in whom there has been a trial of first line therapy with antidepressants and/or anticonvulsants, here, however, there was no mention of the applicant's having tried and/or failed antidepressants and adjuvant medications or anticonvulsant adjuvant medications prior to introduction, selection and/or ongoing usage of the Lidoderm patches at issue. Therefore, the request is not medically necessary.

**Lidocaine 4% gel #1 with 6 refills:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Lidocaine; Functional Restoration Approach to Chronic Pain Management Page(s): 112; 7.

**Decision rationale:** Finally, the request for topical Lidoderm gel is not medically necessary, medically appropriate, or indicated here. Page 112 of the MTUS Chronic Pain Medical Treatment Guidelines notes that, other than Lidoderm patches that no other commercially approved topical formulations of lidocaine, whether creams, lotions, or gels are indicated for neuropathic pain. Here, the attending provider failed to furnish a clear or compelling rationale for provision of lidocaine gel in the face of the unfavorable MTUS position on the same. Page 7 of the MTUS Chronic Pain Medical Treatment Guidelines also stipulates that an attending provider should factor into account applicant-specific variables such as "other medications" into his choice of recommendations. Here, the attending provider did not clearly state why he was providing concomitant prescriptions for Lidoderm patches and lidocaine gel. Therefore, the request is not medically necessary.