

<b>Case Number:</b>	CM15-0137428		
<b>Date Assigned:</b>	08/21/2015	<b>Date of Injury:</b>	11/14/2007
<b>Decision Date:</b>	09/29/2015	<b>UR Denial Date:</b>	07/06/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/15/2015

### 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: Emergency 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 injured worker is a 50 year old female, who sustained an industrial injury on 11-14-07. Initial complaints were of repetitive motions developing pain in neck, shoulders, and hands and back. The injured worker was diagnosed as having chronic cervical sprain-strain with myofascial pain; cervical facet arthrosis multiple level; C3-C4 bilateral osseous neuroforaminal stenosis mild; C5- C6 degenerative disc disease; elbow, forearm, wrist, hand repetitive sprain-strain injury; rotator cuff syndrome bilateral; lateral epicondylitis left greater than right; forearm, elbow, wrist tenosynovitis. Treatment to date has included physical therapy; urine drug screening; medications. Currently, the PR-2 notes dated 6-3-15 is hand written. The notes indicated the injured worker complains of pain in the bilateral shoulders, bilateral epicondyle with some numbness of the bilateral hands. She reports her acupuncture has still not been authorized. On physical examination, the provider notes she has bilateral shoulder impingement and bilateral lateral epicondyle tenderness and positive sensation of the bilateral knees and negative skin lesion. There is positive range of motion of the bilateral shoulders in all planes and positive Spurling's. The provider notes he will continue conservative management and will request Lidopro for numbness. The provider is requesting authorization of Urine Drug Screening; 1 prescription of Lidopro with 2 refills; 3 prescriptions of Fexmid (Flexeril) 7.5mg #90 and 3 prescriptions of Gabapentin 600mg #100.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**1 Urine drug screen: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Substance abuse (tolerance, dependence, addiction).

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (Chronic) Urine drug testing (UDT).

**Decision rationale:** The request is for a urine drug screen. The ODG states the following regarding this topic: Recommended as a tool to monitor compliance with prescribed substances, identify use of undisclosed substances, and uncover diversion of prescribed substances. The test should be used in conjunction with other clinical information when decisions are to be made to continue, adjust or discontinue treatment. This information includes clinical observation, results of addiction screening, pill counts, and prescription drug monitoring reports. The prescribing clinician should also pay close attention to information provided by family members, other providers and pharmacy personnel. The frequency of urine drug testing may be dictated by state and local laws. Indications for UDT: At the onset of treatment: (1) UDT is recommended at the onset of treatment of a new patient who is already receiving a controlled substance or when chronic opioid management is considered. Urine drug testing is not generally recommended in acute treatment settings (i.e. when opioids are required for nociceptive pain). (2) In cases in which the patient asks for a specific drug. This is particularly the case if this drug has high abuse potential, the patient refuses other drug treatment and/or changes in scheduled drugs, or refuses generic drug substitution. (3) If the patient has a positive or 'at risk' addiction screen on evaluation. This may also include evidence of a history of comorbid psychiatric disorder such as depression, anxiety, bipolar disorder, and/or personality disorder. See Opioids, screening tests for risk of addiction & misuse. (4) If aberrant behavior or misuse is suspected and/or detected. See Opioids, indicators for addiction & misuse. Ongoing monitoring: (1) If a patient has evidence of a 'high risk' of addiction (including evidence of a co-morbid psychiatric disorder (such as depression, anxiety, attention-deficit disorder, obsessive-compulsive disorder, bipolar disorder, and/or schizophrenia), has a history of aberrant behavior, personal or family history of substance dependence (addiction), or a personal history of sexual or physical trauma, ongoing urine drug testing is indicated as an adjunct to monitoring along with clinical exams and pill counts. See Opioids, tools for risk stratification & monitoring. (2) If dose increases are not decreasing pain and increasing function, consideration of UDT should be made to aid in evaluating medication compliance and adherence. In this case, a urine drug screen is not supported by the guidelines. This is secondary to inadequate documentation of risk level commensurate to the frequency of evaluation requested. As such, it is not medically necessary.

**1 prescription of Lidopro with 2 refills: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Lidocaine topical; Capsaicin topical; Salicylate topicals; Menthol.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 8 C.C.R. 9792.20 - 9792.26 (page 112 of 127).

**Decision rationale:** The request is for the use of topical lidocaine. The MTUS guidelines state the following: Lidocaine Indication: Neuropathic pain: 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). Topical lidocaine, in the formulation of a dermal patch (Lidoderm) has been designated for orphan status by the FDA for neuropathic pain. Lidoderm is also used off-label for diabetic neuropathy. No other commercially approved topical formulations of lidocaine (whether creams, lotions or gels) are indicated for neuropathic pain. Non-dermal patch formulations are generally indicated as local anesthetics and anti-pruritics. Further research is needed to recommend this treatment for chronic neuropathic pain disorders other than post-herpetic neuralgia. In this case, as stated above, the patient does not meet the criteria for use of this product in this formulation. There is a requirement of documentation of a first-line therapy trial prior to use of a lidocaine dermal patch. There is also no other commercially approved topical formulations of lidocaine indicated for neuropathic pain other than Lidoderm. As such, the request is not medically necessary.

**3 prescriptions of Fexmid (Flexeril) 7.5mg #90: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine (Fexmid, Flexeril).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26 (pages 63 of 127)

**Decision rationale:** The request is for the use of a muscle relaxant to aid in pain relief. The MTUS guidelines state that the use of a medication in this class is indicated as a second-line option for short-term treatment of acute exacerbations of low back pain. Muscle relaxants may be effective in reducing pain and muscle tension, which can increase mobility. However, in most LBP cases, they show no benefit beyond NSAIDs in pain improvement. Efficacy appears to diminish over time, and prolonged use may lead to dependence. (Homik, 2004) Due to inadequate qualifying evidence and prolonged duration of use, the request is not medically necessary. All muscle relaxant medications should be titrated down slowly to prevent an acute withdrawal syndrome. Therefore, the request is not medically necessary.

**3 prescriptions of Gabapentin 600mg #100: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Anti-epilepsy drugs (AEDs).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26 (pages 16-17 of 127)

**Decision rationale:** The request is for the use of a medication in the category of an anti-epileptic drug (AED). These medications are recommended for certain types of neuropathic pain. Most of the randomized clinical control trials involved include post-herpetic neuralgia and painful polyneuropathy such as in diabetes. There are few trials which have studied central pain or radiculopathy. The MTUS guidelines state that a good response to treatment is 50% reduction in pain. At least a 30% reduction in pain is required for ongoing use, and if this is not seen, this should trigger a change in therapy. There also should be documentation of functional improvement and side effects incurred with use. Disease states which prompt use of these medications include post-herpetic neuralgia, spinal cord injury, chronic regional pain syndrome, lumbar spinal stenosis, post-operative pain, and central pain. There is inadequate evidence to support use in non-specific axial low back pain or myofascial pain. In this case, there is inadequate documentation of adequate pain reduction for continued use. The records also do not reveal functional improvement or screening measures as required. As such, the request is not medically necessary.