

<b>Case Number:</b>	CM15-0206603		
<b>Date Assigned:</b>	10/23/2015	<b>Date of Injury:</b>	05/26/2013
<b>Decision Date:</b>	12/08/2015	<b>UR Denial Date:</b>	10/16/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/21/2015

### 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:

This is a 45 year old female who sustained a work-related injury on 5-26-13. Medical record documentation on 9-15-15 revealed the injured worker was being treated for muscle spasm, fracture of the sacrum-coccyx, thoracic-lumbar neuritis-radiculitis, and lumbosacral spondylosis. She reported leg pain, joint pain and hip pain. She rated her pain a 7 on a 10-point scale at least and a 9 on a 10-point scale a worst (an 8 on 7-21-15 and 8-19-15). Her pain was characterized as sharp, dull, throbbing, burning, aching and pins and needles. It was constant and radiating. She reported back pain and noted tingling in her legs. Her medications helped reduce her pain. She continued to have muscle spasms and requested an epidural injection. Objective findings included a cervical spine range of motion within normal limits. She had no tenderness to palpation over the lumbar paraspinal muscles and no spasm noted. Her medication regimen included Baclofen Tablets 10 mg (since at least 7-21-15), Lyrica 50 mg, Ibuprofen 800 mg, Lidoderm patches (since at least 6-9-15) and Norco 10-325 mg. Previous medications included Ibuprofen and Tizanidine. A request for Baclofen 10 mg #120 and Lidoderm Patches #30 was received on 10-9-15. On 10-16-15, the Utilization Review physician modified Baclofen 10 mg #120 to allow for a one month supply and determined Lidoderm Patches #30 was not medically necessary.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Baclofen 10mg, #120:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Muscle relaxants (for pain).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Muscle relaxants (for pain).

**Decision rationale:** As per MTUS Chronic pain guidelines, muscle relaxants should be used for short term use for exacerbation of muscle spasms. Baclofen is only recommended for spasticity related to multiple sclerosis and spinal cord injury. It may occasionally be used off-label for paroxysmal neuropathic pain. Chronic use is not recommended. Patient also has been on Baclofen chronically. The number of tablets is not consistent with plan for weaning or short term use. Baclofen is not medically necessary.

**Lidoderm Patches #30:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): NSAIDs (non-steriodal anti-inflammatory drugs), Topical Analgesics.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Lidoderm (lidocaine patch).

**Decision rationale:** As per MTUS chronic pain guidelines, lidoderm is only approved for peripheral neuropathic pain, specifically post-herpetic neuralgia. there is poor evidence to support its use in other neuropathic pain conditions such as such as spinal pain but may be considered after failure of other medication treatment. There is no documentation of failure of 1st line medication. Patient has no improvement in pain despite use of this medication. Lidoderm is not medically necessary.