

<b>Case Number:</b>	CM15-0212262		
<b>Date Assigned:</b>	11/02/2015	<b>Date of Injury:</b>	10/05/2010
<b>Decision Date:</b>	12/14/2015	<b>UR Denial Date:</b>	10/15/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/28/2015

### 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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

### 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 43 year old, male who sustained a work related injury on 10-5-10. A review of the medical records shows he is being treated for low back pain. In the progress notes dated 7-29-15 and 10-7-15, the injured worker reports low back pain. He rates the pain a 5-6 out of 10. Without medications, his pain level is a 7 out of 10. He reports he is able to work his usual job with medication. His "functional improvement with medication: able to work without restriction and get a good night sleep." On physical exam dated 1-7-15, he has tenderness over the left lumbar paraspinal muscles, sacroiliac joint and buttock. Flexion and extension of lumbar spine is painful. Left leg is positive for straight leg raise. Treatments have included lumbar epidural steroid injection and medications. Current medications include Neurontin, Robaxin, Naproxen and Norco. He has been taking the Robaxin since at least February 2015 and the Naproxen since at least July 2014. He is working full duty. The treatment plan includes refills of medications. The Request for Authorization dated 10-8-15 has requests for Neurontin, Robaxin, Naproxen Hydrocodone-acetaminophen and Lidoderm patches. In the Utilization Review dated 10-15, the requested treatments of Robaxin 750mg. #90, Naproxen 550mg. #120 and Lidoderm patches apply 1-2 patches to affected area, 12 hours on, 12 hours off #60 with 2 refills are not medically necessary.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Robaxin (Methacarbamol) 750 mg #90: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

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

**Decision rationale:** The claimant sustained a work injury in October 2010 when he had low back pain while bending over as he was working as a greens keeper. He had physical therapy without improvement. An epidural steroid injection in October 2014 provided significant improvement in back and leg pain with a greater than 60% improvement lasting for 20 weeks. Another epidural steroid injection was done in July 2015. When seen, medications were decreasing pain from 7+/10 to 5/10 and allowing him to function and work at his usual job. There had been some relief after the injection. Physical examination findings included left posterior superior iliac spine, sacroiliac joint, and buttock tenderness. There was left sciatic notch tenderness. There was pain with lumbar flexion and extension. Straight leg raising on the left caused buttock pain. Naproxen 550 mg BID, Robaxin, and Lidoderm were prescribed. Non-sedating muscle relaxants are recommended with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic low back pain. Drugs with the most limited published evidence in terms of clinical effectiveness include Robaxin (methocarbamol). In this case, there is no identified new injury or exacerbation and muscle relaxants have been prescribed on a long-term basis. Ongoing prescribing is not considered medically necessary.

**Naproxen 550 mg #120: Overturned**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): NSAIDs (non-steroidal anti-inflammatory drugs), NSAIDs, specific drug list & adverse effects.

**Decision rationale:** The claimant sustained a work injury in October 2010 when he had low back pain while bending over as he was working as a greens keeper. He had physical therapy without improvement. An epidural steroid injection in October 2014 provided significant improvement in back and leg pain with a greater than 60% improvement lasting for 20 weeks. Another epidural steroid injection was done in July 2015. When seen, medications were decreasing pain from 7+/10 to 5/10 and allowing him to function and work at his usual job. There had been some relief after the injection. Physical examination findings included left posterior superior iliac spine, sacroiliac joint, and buttock tenderness. There was left sciatic notch tenderness. There was pain with lumbar flexion and extension. Straight leg raising on the left caused buttock pain. Naproxen 550 mg BID, Robaxin, and Lidoderm were prescribed. Oral NSAIDs (non-steroidal anti-inflammatory medications) are recommended for treatment of chronic persistent pain and for control of inflammation. Dosing of naproxen is 275-550 mg twice

daily and the maximum daily dose should not exceed 1100 mg. In this case, the claimant has chronic persistent pain and medications are providing pain relief and allowing him to function and continue working. Ongoing prescribing is medically necessary.

**Lidoderm patches #60 with 2 refills:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Topical Analgesics.

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

**Decision rationale:** The claimant sustained a work injury in October 2010 when he had low back pain while bending over as he was working as a greens keeper. He had physical therapy without improvement. An epidural steroid injection in October 2014 provided significant improvement in back and leg pain with a greater than 60% improvement lasting for 20 weeks. Another epidural steroid injection was done in July 2015. When seen, medications were decreasing pain from 7+/10 to 5/10 and allowing him to function and work at his usual job. There had been some relief after the injection. Physical examination findings included left posterior superior iliac spine, sacroiliac joint, and buttock tenderness. There was left sciatic notch tenderness. There was pain with lumbar flexion and extension. Straight leg raising on the left caused buttock pain. Naproxen 550 mg BID, Robaxin, and Lidoderm were prescribed. Topical lidocaine in a formulation that does not involve a dermal-patch system can be recommended for localized peripheral pain after there has been evidence of a trial of first-line therapy. Lidoderm is not a first-line treatment and is only FDA approved for postherpetic neuralgia. Further research is needed to recommend this treatment for chronic neuropathic pain disorders other than postherpetic neuralgia. In this case, there are other topical treatments that could be considered. Lidoderm is not considered medically necessary.