

<b>Case Number:</b>	CM15-0215890		
<b>Date Assigned:</b>	11/05/2015	<b>Date of Injury:</b>	05/19/1999
<b>Decision Date:</b>	12/22/2015	<b>UR Denial Date:</b>	10/05/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/03/2015

### 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 73 year old male, who sustained an industrial injury on 5-19-99. The injured worker is diagnosed with lumbar degenerative disc disease, knee injury and post bilateral knee surgery. Notes dated 5-15-15, 8-13-15 and 9-19-15 reveals the injured worker presented with complaints of intermittent low back and bilateral knee pain (right greater than left) and increased with heavy lifting and prolonged walking. Physical examinations dated 5-15-15, 8-13-15 and 9-19-15 revealed decreased lumbar spine range of motion and tenderness to palpation, there is clicking noted in his knee(s) and tenderness along the lateral joint line. Treatment to date has included TENS unit, which provides most of his pain relief; however, occasional medication is needed, per note dated 9-19-15; medications-Lidopro cream and Cyclobenzaprine (5-2015) reduce his pain and improve his ability to engage in activities of daily living by 80%; however, they do cause stomach upset, per note dated 9-19-15 and daily home exercise program. A request for authorization dated 9-19-15 for Lidopro cream 131 grams and Cyclobenzaprine 7.5 mg #60 times 2 is denied, per Utilization Review letter dated 10-5-15.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Lidopro cream 121gm:** 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): Topical Analgesics.

**Decision rationale:** The current request is for Lidopro cream 121gm. The RFA is dated 09/19/15. Treatment to date has included TENS unit, physical therapy, status post bilateral knee surgeries, home exercises, and medications. The patient's work status was not addressed. MTUS, Topical Analgesics Section page 111 states: "Topical Analgesics: Recommended as an option as indicated below. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. 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." Per report 09/19/15, the patient presents with intermittent low back and bilateral knee pain (right greater than left). Physical examination revealed decreased lumbar spine range of motion and tenderness to palpation. There is clicking noted in both knees, and tenderness along the lateral joint line. The treater states that the patient's pain is mostly controlled with a TENS unit, but he does occasionally need medications including muscle relaxants and NSAIDs. It was noted that "medications reduced his pain and improve ADLs by 80%..." MTUS states that "No other commercially approved topical formulations of lidocaine (whether creams, lotions or gels) are indicated for neuropathic pain." In this case, the requested Lidoderm cream contains Lidocaine which is not supported for topical use in lotion/gel/cream form, per MTUS. This request is not in accordance with guideline indications. Therefore, the request is not medically necessary.

**Cyclobenzaprine 7.5mg #60 times 2:** 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): Cyclobenzaprine (Flexeril), Muscle relaxants (for pain).

**Decision rationale:** The current request is for Cyclobenzaprine 7.5mg #60 times 2. The RFA is dated 09/19/15. Treatment to date has included TENS unit, physical therapy, status post bilateral knee surgeries, home exercises, and medications. The patient's work status was not addressed. MTUS Guidelines, Cyclobenzaprine section, page 64 states: "Recommended for a short course of therapy. Limited, mixed-evidence does not allow for a recommendation for chronic use. Cyclobenzaprine is a skeletal muscle relaxant and a central nervous system depressant with similar effects to tricyclic antidepressants (e.g. amitriptyline)". This medication is not recommended to be used for longer than 2-3 weeks." Per report 09/19/15, the patient presents with intermittent low back and bilateral knee pain (right greater than left). Physical examination revealed decreased lumbar spine range of motion and tenderness to palpation. There is clicking

noted in both knees, and tenderness along the lateral joint line. The treater states that the patient's pain is mostly controlled with a TENS unit, but he does occasionally need medications including muscle relaxants and NSAIDs. It was noted that "medications reduced his pain and improve ADLs by 80%..." The patient has been utilizing Cyclobenzaprine since at least 05/15/15. Guidelines indicate that muscle relaxants such as Cyclobenzaprine are considered appropriate for acute exacerbation of pain. However, MTUS Guidelines do not recommend use for longer than 2 to 3 weeks. The requested 60 tablets in addition to prior use does not imply short term duration of use. Therefore, the request is not medically necessary.