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| <b>Case Number:</b>   | CM15-0033063 |                              |            |
| <b>Date Assigned:</b> | 02/26/2015   | <b>Date of Injury:</b>       | 11/11/2008 |
| <b>Decision Date:</b> | 04/08/2015   | <b>UR Denial Date:</b>       | 02/04/2015 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 02/23/2015 |

### 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, 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 42-year-old female, with a reported date of injury of 11/11/2008. The diagnoses include cervical spine radiculitis with disc injury and right cubital tunnel syndrome and ulnar nerve entrapment. Treatments were not indicated in the medical report. The progress report dated 01/30/2015 indicates that the injured worker complained of pain in the neck, right wrist, right elbow, and bilateral shoulders. The objective findings included tenderness of the cervical spine and bilateral shoulder subacromial, positive hyperextension of the cervical spine, and positive straight leg raise. The treating physician requested Lidoderm patches #60 to the cervical spine for spasm, and Cyclobenzaprine HCL 7.5mg #90. On 02/04/2015, Utilization Review (UR) denied the request for Lidoderm patches #60, 12 hours on, 12 hours off and Cyclobenzaprine HCL 7.5mg #90, one tablet at bedtime. The UR physician noted that there was no indication of failure of an anti-epileptic drug or antidepressant to justify the off label use of Lidoderm; and there was no evidence of spasm on exam and long-term use of cyclobenzaprine is not supported by the guidelines. The MTUS Chronic Pain Guidelines were cited.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Cyclobenzaprine HCL 7.5mg 1 tab at bedtime #90:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain) Antispasmodics Page(s): 63-64.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants (for pain) Page(s): 63-66.

**Decision rationale:** Regarding the request for cyclobenzaprine, Chronic Pain Medical Treatment Guidelines support the use of non-sedating muscle relaxants to be used with caution as a 2nd line option for the short-term treatment of acute exacerbations of pain. Within the documentation available for review, there is no identification of a specific analgesic benefit or objective functional improvement as a result of the medication. Additionally, it does not appear that this medication is being prescribed for the short-term treatment of an acute exacerbation, as recommended by guidelines. In the absence of such documentation, the currently requested cyclobenzaprine is not medically necessary.

**Lidoderm Patches 12 hours on 12 hours off #60:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-112.

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

**Decision rationale:** Regarding request for Lidoderm, Chronic Pain Medical Treatment Guidelines recommend the use of topical lidocaine for localized peripheral pain after there has been evidence of a trial of the 1st line therapy such as tri-cyclic antidepressants, SNRIs, or antiepileptic drugs. Within the documentation available for review, there is no indication that the patient has localized peripheral neuropathic pain failing first-line therapy. In the absence of such documentation, the currently requested Lidoderm is not medically necessary.