

<b>Case Number:</b>	CM15-0052276		
<b>Date Assigned:</b>	03/25/2015	<b>Date of Injury:</b>	02/18/2000
<b>Decision Date:</b>	05/18/2015	<b>UR Denial Date:</b>	03/13/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/19/2015

### 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 49-year-old male who reported an injury on 02/18/2000. The mechanism of injury was not provided. His diagnoses were not relevant pertaining the request within the last 6 months. Medications included Motrin 800 mg, compound topical with flurbiprofen 20% and lidocaine 5%, topical compound with cyclobenzaprine 10% and lidocaine 2%, and Flexeril. Surgical history was not provided. Pertinent diagnostic studies were not provided. Other therapies were not provided. On 02/18/2015, the injured worker was seen for having episodes of flare up in the neck, shoulder, and arm. The cervical traction device did help to minimize neck problems when used after duty at home. His left hip pain was progressively worse, especially with walking up or down hills and stairs. He continued to have episodes of tremor, right greater than left, on and off with variable intensity; chronic neck pain; shoulder blade soreness, left greater than right; and poor tolerance for prolonged static posture, repetitive activities, or upper extremity maneuvers. Upon examination of the neck, there was poor tolerance with hyperextension, which aggravated pain. The Spurling's maneuver caused pain on the right. There was diffuse tenderness to touch of the paraspinals and left shoulder blade area. There was observable muscle atrophy. There was tenderness with palpation of the left greater trochanter. The MRI on 12/03/2009 showed disc disease, disc bulge, more prominent than prior study, mild impression on ventral thecal sac, and osteophytic spurring on C5-6. Urine drug screens were performed on 07/22/2010, 01/09/2011, 09/16/2011, 01/02/2012, 05/03/2012, 07/17/2012, 10/31/2012, 02/26/2013, 05/25/2013, 10/30/2013, 02/27/2014, 05/28/2014, and 11/19/2014. Current medications included Nucynta, Flexeril 10 mg, Lyrica 75 mg, and Motrin 800 mg twice

a day as needed. Diagnoses include cervical disc degeneration; thoracic/lumbar disc displacement; myofascial pain disorder; pain in joint; carpal tunnel syndrome; right knee and ankle sprain/strain, nonindustrial; HTN; and left hip pain, bursitis versus DJD. His pain score as a 4/10. A urine drug screen was performed. The treatment plan included to continue the cervical traction, a home exercise program and suggested use of foam bar with gentle rolling on it, consider a pharmaceutical approach, continue oral medications, receive a neuropsych evaluation, and follow-up in 1 month. The Request for Authorization was dated 02/18/2015.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**Cyclobenzaprine 10%/Lidocaine 2% 4 gm bid-tid (unknown quantity) Qty: 1.00: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical analgesics Page(s): 111-113.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111.

**Decision rationale:** The request for cyclobenzaprine 10%/lidocaine 2% 4 gm bid-tid (unknown quantity) Qty: 1.00 is not supported. The California MTUS Guidelines state the use of topical medications with chronic pain is considered to be largely experimental and is indicated only for localized superficial pain without widespread pain and only if the ingredients are supported. There is no other NSAID other than Voltaren that is recommended within topical creams. There is no support for the use of muscle relaxants topically and there is no support for lidocaine topically for anything but the localized neuropathic pain as a transdermal patch. Any compounded product that contains at least 1 drug or drug class that is not recommended is not recommended. The request includes cyclobenzaprine, which is not recommended. Also, there is an unknown quantity for the request. The request is not supported. As such, the request is not medically necessary.

**Flurbiprofen 20%/Lidolidocaine 5% 4gm bid-tid (unknown quantity) Qty: 1.00: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical analgesics Page(s): 111-113.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111.

**Decision rationale:** The request for flurbiprofen 20%/lidocaine 5% 4 gm bid-tid (unknown quantity) Qty: 1.00 is not supported. The injured worker has a history of back pain and left hip pain. The California MTUS Guidelines state the use of topical medications with chronic pain is considered to be largely experimental and is indicated only for localized superficial pain, not widespread pain, and only if the ingredients are supported. The only topical NSAID supported by the FDA and MTUS is Voltaren. There is no support for the use of muscle relaxants topically. There is no support for lidocaine topically other than transdermal patch. Any

compounded product that contains at least 1 drug or drug class that is not recommended is not recommended. Lidocaine in the form of a cream is not recommended. As such, the request is not supported. As such, the request is not medically necessary.

**Lyrica 75mg Qty: 120.00:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Pregabalin Page(s): 19-20.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Pregabalin Page(s): 19.

**Decision rationale:** The request for Lyrica 75 mg Qty: 120.00 is not supported. The injured worker has a history of low back and hip pain. The California MTUS Guidelines state there has been Lyrica is used for the treatment of diabetic neuropathy and postherpetic neuralgia. There is a lack of documentation that the medication is used for the above diagnoses. The medical necessity has not been established based upon the provided documentation. The request is not supported. As such, the request is not medically necessary.

**Cervical traction Qty: 1.00:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, online, Traction.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 181-183.

**Decision rationale:** The request for cervical traction Qty: 1.00 is not supported. The Official Disability Guidelines recommend home cervical patient controlled traction for patients with radicular symptoms. There is a lack of documentation of a diagnosis of cervical radiculopathy. There is a lack of documentation as to the frequency traction to be used. Medical necessity has not been established based upon the provided documentation. The request is not supported. As such, the request for cervical traction Qty: 1.00 is not medically necessary.

**Foam bar Qty: 1.00:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, online, Traction.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee & Leg, Durable medical equipment (DME).

**Decision rationale:** The request for foam bar Qty: 1.00 is not supported. The patient has a history of low back and neck pain and knee pain. The ODG states criteria for durable medical equipment must be met in order to receive durable medical equipment. The request does not

meet Medicare's definition for durable medical equipment. The medical necessity has not been established based upon the provided documentation. As such, the request is not medically necessary.