

<b>Case Number:</b>	CM15-0057071		
<b>Date Assigned:</b>	04/01/2015	<b>Date of Injury:</b>	10/09/2014
<b>Decision Date:</b>	05/01/2015	<b>UR Denial Date:</b>	03/18/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/25/2015

### 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:

The 54-year-old male injured worker suffered an industrial injury on 10/09/2014. The diagnoses included lumbar strain, lumbar radiculopathy and Non-Hodgkin's lymphoma. The diagnostics included lumbar spine magnetic resonance imaging. The injured worker had been treated with physical therapy, home exercise program and medications. On 3/13/2015, the treating provider reported pain in the lumbar spine with impaired gait and utilizing a cane along with severe tenderness. There was also reduced range of motion and positive straight leg raise. The treatment plan included Flexeril and Lenza patch.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Flexeril 7.5mg #30:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants, Page 63-66.

**Decision rationale:** The requested Flexeril 7.5mg #30 is not medically necessary. CA MTUS Chronic Pain Treatment Guidelines, Muscle Relaxants, Page63-66, do not recommend muscle relaxants as more efficacious than NSAIDs and do not recommend use of muscle relaxants beyond the acute phase of treatment. The injured worker has pain in the lumbar spine with impaired gait and utilizing a cane along with severe tenderness. There was also reduced range of motion and positive straight leg raise. The treating physician has not documented duration of treatment, spasticity or hypertonicity on exam, intolerance to NSAID treatment, nor objective evidence of derived functional improvement from its previous use. The criteria noted above not having been met, Flexeril 7.5mg #30 is not medically necessary.

**Lenza patch (Lidocaine 4%, Menthol 1%) #60:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines page 111-113, Topical Analgesics Page(s): 111-113.

**Decision rationale:** The requested Lenza patch (Lidocaine 4%, Menthol 1%) #60, is not medically necessary. California Medical Treatment Utilization Schedule (MTUS), 2009, Chronic pain, page 111-113, Topical Analgesics, do not recommend topical analgesic creams as they are considered "highly experimental without proven efficacy and only recommended for the treatment of neuropathic pain after failed first-line therapy of antidepressants and anticonvulsants". The injured worker has pain in the lumbar spine with impaired gait and utilizing a cane along with severe tenderness. There was also reduced range of motion and positive straight leg raise. The treating physician has not documented trials of anti-depressants or anti-convulsants. The treating physician has not documented intolerance to similar medications taken on an oral basis, nor objective evidence of functional improvement from any previous use. The criteria noted above not having been met, Lenza patch (Lidocaine 4%, Menthol 1%) #60 is not medically necessary.