

<b>Case Number:</b>	CM15-0058172		
<b>Date Assigned:</b>	04/17/2015	<b>Date of Injury:</b>	08/04/2009
<b>Decision Date:</b>	05/15/2015	<b>UR Denial Date:</b>	03/26/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/26/2015

### 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: Connecticut, California, Virginia  
 Certification(s)/Specialty: Preventive Medicine, Occupational 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 injured worker is a 53 year old female, who sustained an industrial injury on 08/04/2009. She has reported subsequent neck and back pain and was diagnosed with cervical radiculitis, cervical and lumbar degenerative disc disease and lumbosacral or thoracic neuritis or radiculitis. Treatment to date has included oral and topical pain medication and a TENS unit. In a progress note dated 03/19/2015, the injured worker complained of neck and back pain that was rated as 6-7/10. No objective examination findings were documented. A request for authorization of Lidoderm patches and Flexeril was made.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Lidoderm Patches Qty: 15:** 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 Lidoderm Page(s): 56-57.

**Decision rationale:** The MTUS chronic pain guidelines recommend consideration of topical lidocaine for localized peripheral pain after trials of first line therapies to include tricyclics/SNRIs or AEDs such as gabapentin, etc. Topical analgesics remain recognized by the MTUS as highly experimental and without clear evidence of efficacy in many cases. Topical lidocaine is not considered appropriate as a first-line treatment, and without further documentation to support failure at first-line treatments with greater evidence-based efficacy in treatment, the request for topical lidocaine at this time cannot be considered medically necessary.

**Flexeril 7.5mg Qty: 90:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine (Flexeril), Muscle relaxants Page(s): 41, 64.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines muscle relaxants Page(s): 64.

**Decision rationale:** The MTUS recommends muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic low back pain. However, in most cases, they seem no more effective than NSAIDs for treatment. There is also no additional benefit shown in combination with NSAIDs. With no objective evidence of pain and functional improvement on the medication, the quantity of medications currently requested cannot be considered medically necessary and appropriate.