

<b>Case Number:</b>	CM15-0059687		
<b>Date Assigned:</b>	04/06/2015	<b>Date of Injury:</b>	04/04/2006
<b>Decision Date:</b>	05/05/2015	<b>UR Denial Date:</b>	03/30/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/30/2015

### 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: Maryland

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Neuromuscular 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 54-year-old female, who sustained an industrial injury on 04/04/2006. She has reported subsequent knee, right shoulder, back and lower extremity pain and was diagnosed with total knee replacement, lumbar IVD disorder with myelopathy, sciatica and internal derangement of the knee. Treatment to date has included oral and topical pain medication. In a progress note dated 02/02/2015, the injured worker complained of bilateral anterior shoulder, bilateral anterior leg, knee, shin, ankle, TMJ, cervical and lumbar pain, numbness and tingling as well as numbness/tingling of the right pelvis, foot and ankle. Objective findings were notable for reduced range of motion of the shoulders, knees, cervical and lumbar spine. 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 #45:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Lidoderm and Topical Analgesics Page(s): 56-57 & 111. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain (Chronic), Topical Analgesics.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Lidoderm (lidocaine patch) Page(s): 56.

**Decision rationale:** Lidoderm Patches are not medically necessary per the MTUS Chronic Pain Medical Treatment Guidelines The guidelines state that topical lidocaine may be recommended for localized peripheral pain after there has been evidence of a trial of first-line therapy (tri-cyclic or SNRI anti-depressants or an AED such as gabapentin or Lyrica). This is not a first-line treatment and is only FDA approved for post-herpetic neuralgia. Further research is needed to recommend this treatment for chronic neuropathic pain disorders other than post-herpetic neuralgia. The documentation does not indicate failure of first line therapy for peripheral pain. The documentation does not indicate a diagnosis of post herpetic neuralgia. For these reasons, the request for Lidoderm Patches is not medically necessary.

**FCL (Flurbiprofen 20% Tramadol 20%) 180gms:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain (Chronic), Topical Analgesics.

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

**Decision rationale:** FCL (Flurbiprofen 20% Tramadol 20%) 180gms is not medically necessary per the MTUS Chronic Pain Medical Treatment Guidelines. The MTUS states that topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. They are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. The guidelines state that topical NSAIDs are indicated in osteoarthritis and tendinitis, in particular, that of the knee and elbow or other joints that are amenable to topical treatment. The MTUS states that topical NSAIDs are recommended for short-term use (4-12 weeks). There is little evidence to utilize topical NSAIDs for treatment of osteoarthritis of the spine, hip or shoulder. The MTUS does not provide support for the use of topical Tramadol. Guidelines additionally add that any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. The MTUS does not provide support for topical Tramadol. There is no evidence that the patient has intolerance to oral medications or has failed trials of antidepressants or anticonvulsants. For these reasons, FCL is not medically necessary.

**Flexeril 10mg #30:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine (Flexeril) Page(s): 41-42 and page 64.

**Decision rationale:** Flexeril 10mg #30 is not medically necessary per the MTUS Chronic Pain Medical Treatment Guidelines. The guidelines state that Cyclobenzaprine is not recommended to be used for longer than 2-3 weeks. The documentation indicates that the patient has already been on Cyclobenzaprine since at least October of 2014. There are no extenuating circumstances documented that would necessitate continuing this medication beyond the 2-3 week time frame. The request for Flexeril is not medically necessary.