

<b>Case Number:</b>	CM15-0087546		
<b>Date Assigned:</b>	05/11/2015	<b>Date of Injury:</b>	04/03/2012
<b>Decision Date:</b>	06/16/2015	<b>UR Denial Date:</b>	04/08/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/06/2015

### 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: Pennsylvania

Certification(s)/Specialty: Internal Medicine, Hospice & Palliative 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 was a 44 year old female, who sustained an industrial injury, April 3, 2012. The injured worker previously received the following treatments Ibuprofen, Flexeril and physical therapy. The injured worker was diagnosed with lumbar degenerative disc disease, lumbar strain/sprain with spasm, lumbar disc pathology and lumbar spondylosis. According to progress note of February 26, 2015, the injured workers chief complaint was mild flare up over the past two weeks. The injured worker was able to tolerate 20 minutes of sitting. The injured worker awakens a few times in the night from the pain. The injured worker uses Flexeril approximately 4 times a month due to spasms in the low back. The injured worker use Ibuprofen 5 to 6 times a month. The injured worker rated the pain at 6-7 out of 10. Physical therapy improved the injured worker's pain level, function, range of motion, and overall sense of comfort. The physical exam noted the neuro-circulatory status was intact. There was tenderness with palpation of the lumbar spine as well as, guarding with motion. The treatment plan included prescriptions for Lidocaine ointment, Flexeril and Ibuprofen.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Lidocaine ointment 5% #1 with 2 refills: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines topical analgesics.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Lidocaine Page(s): 56-57.

**Decision rationale:** The requested medication is a compound containing medications in the anesthetic class. The MTUS Guidelines recommend topical lidocaine for localized pain after first-line treatment has failed to manage it sufficiently. Only the dermal patch is FDA-approved and recommended by the Guidelines. The submitted and reviewed documentation did not include a discussion detailing extenuating circumstances that would support this use of this compound product in this setting. In the absence of such evidence, the current request for a one unspecified unit of a compound containing 5% lidocaine with two refills is not medically necessary.

**Flexeril 10 mg #30 with 1 refill:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), pain procedure summary.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants, Weaning of Medications Page(s): 63-66; page 124.

**Decision rationale:** Cyclobenzaprine is a medication in the antispasmodic muscle relaxant class. The MTUS Guidelines support the use of muscle relaxants with caution as a second-line option for short-term use in the treatment of a recent flare-up of long-standing lower back pain. Some literature suggests these medications may be effective in decreasing pain and muscle tension and in increasing mobility, although efficacy decreases over time. In most situations, however, using these medications does not add additional benefit over the use of non-steroidal anti-inflammatory drugs (NSAIDs), nor do they add additional benefit in combination with NSAIDs. Negative side effects, such as sedation, can interfere with the worker's function, and prolonged use can lead to dependence. The submitted and reviewed documentation indicated the worker was experiencing lower back pain with spam. The documented pain assessments were minimal and did not include many of the elements suggested by the Guidelines. These records showed the worker used this medication for at least several months, the worker only used four pills monthly on average, and there was no discussion detailing special circumstances that sufficiently supported the use of cyclobenzaprine in this setting. In the absence of such evidence, the current request for 30 tablets of cyclobenzaprine 10mg with one refill is not medically necessary. Because the potentially serious risks outweigh the benefits in this situation based on the submitted documentation, an individualized taper should be able to be completed with the medication the worker has available.

**Ibuprofen 600 mg #60 2 refills:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs  
Page(s): 67-73.

**Decision rationale:** Motrin (ibuprofen) is in the non-steroidal anti-inflammatory drugs (NSAID) class of medications. The MTUS Guidelines support the use of NSAIDs for use in managing osteoarthritis-related moderate to severe pain. The Guidelines stress the importance of using the lowest dose necessary for the shortest amount of time. They further emphasize that clinicians should weigh the benefits of these medications against the potential negative effects, especially in the setting of gastrointestinal or cardiovascular risk factors. The submitted and reviewed records indicated the worker was experiencing lower back pain with spam. There was no documentation describing the worker's gastrointestinal and heart risks or results of laboratory monitoring tests. The Guidelines stress the importance of on-going monitoring of both the benefits and risks of this medication, and long-term use carries increasing risks. Further, these records reported the worker was only using five to six pills monthly on average. There was no discussion describing special circumstances that sufficiently supported this request. In the absence of such evidence, the current request for sixty tablets of Motrin (ibuprofen) 600mg with two refills is not medically necessary.