

<b>Case Number:</b>	CM15-0089932		
<b>Date Assigned:</b>	05/14/2015	<b>Date of Injury:</b>	03/15/2006
<b>Decision Date:</b>	06/30/2015	<b>UR Denial Date:</b>	04/30/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/11/2015

### 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 63 year old female, who sustained an industrial injury on March 15, 2006. The injured worker was diagnosed as having cervical disc degeneration, brachial neuritis, cervical and lumbar radiculopathy and sacroiliitis. Treatment and diagnostic studies to date have included acupuncture and topical and oral medication. A progress note dated April 20, 2015 provides the injured worker complains of neck, shoulder, wrist and low back pain. She reports she pain radiates to the arms and hands. She also has numbness and weakness of the legs. Physical exam notes cervical and lumbar tenderness. Cervical range of motion (ROM) is normal. The plan includes aquatic therapy, home exercise, tai chi, Tylenol, Flexeril, Gabapentin, naproxen and Lidoderm patches.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Tylenol 3 #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  
CRITERIA FOR USE OF OPIOIDS Page(s): 76-78, 88-89.

**Decision rationale:** The patient presents with pain in the cervical spine that radiates into bilateral arms and hands, shoulder, wrist and the lower back. The request is for TYLENOL 3 # 30. Physical examination to the cervical spine on 04/20/15 revealed mild tenderness over the paracervical muscles, levator scapulae and trapezii bilaterally. Physical examination to the lumbar spine revealed tenderness to palpation over the bilateral lumbosacral L4-5 and L5-S1 paraspinals, sacroiliac joints and the bilateral piriformii. Patient has had acupuncture treatments with benefits. Per 02/23/15 progress report, patient's diagnosis include cervical disc degen, brachial neuritis nos, cervical radiculopathy, lumbar radiculopathy, and sacroilitis. Patient's medications, per 01/28/15 progress report include Flexeril, Lidoderm 5% Patch, Naproxen, Gabapentin, and Tramadol. Patient is permanent and stationary. MTUS Guidelines pages 88 and 89 states, "Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." MTUS page 78 also requires documentation of the 4As (analgesia, ADLs, adverse side effects, and adverse behavior), as well as "pain assessment" or outcome measures that include current pain, average pain, least pain, intensity of pain after taking the opioid, time it takes for medication to work and duration of pain relief." The patient was prescribed Tylenol #3 from 08/12/14 and 04/20/15. In progress report dated 04/20/15, treater is prescribing Tylenol #3 for pain management. However, treater has not discussed how Tylenol #3 decreases pain and significantly improves patient's activities of daily living. There are no discussions regarding adverse side effects, aberrant behavior, specific ADL's, etc. No UDS results, CURES reports, or opioid pain contracts were provided either. MTUS requires appropriate discussion of the 4A's. Given the lack of documentation as required by guidelines, the request IS NOT medically necessary.

**Flexeril 10mg #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(s): 63-66.

**Decision rationale:** The patient presents with pain in the cervical spine that radiates into bilateral arms and hands, shoulder, wrist and the lower back. The request is for FLEXERIL 10 MG #30. Physical examination to the cervical spine on 04/20/15 revealed mild tenderness over the paracervical muscles, levator scapulae and trapezii bilaterally. Physical examination to the lumbar spine revealed tenderness to palpation over the bilateral lumbosacral L4-5 and L5-S1 paraspinals, sacroiliac joints and the bilateral piriformii. Patient has had acupuncture treatments with benefits. Per 02/23/15 progress report, patient's diagnosis include cervical disc degen, brachial neuritis nos, cervical radiculopathy, lumbar radiculopathy, and sacroilitis. Patient's medications, per 01/28/15 progress report include Flexeril, Lidoderm 5% Patch, Naproxen, Gabapentin, and Tramadol. Patient is permanent and stationary. MTUS pg 63-66 states: "Muscle relaxants (for pain): Recommend non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbation in patients with chronic LBP. The most commonly prescribed antispasmodic agents are carisoprodol, cyclobenzaprine, metaxalone, and methocarbamol, but despite their popularity, skeletal muscle relaxants should not be the primary drug class of choice for musculoskeletal conditions. Cyclobenzaprine (Flexeril, Amrix, Fexmid,

generic available): Recommended for a short course of therapy." The treater has not discussed this request. Patient has received prescriptions for Flexeril from 08/12/14 and 04/20/15. MTUS Guidelines do not recommend use of Flexeril for longer than 2 to 3 weeks, and the requested 30 tablets does not imply short-term therapy. Therefore, the request IS NOT medically necessary.

**Naproxen 550mg #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 Anti-inflammatory medications Medications for chronic pain Page(s): 22, 60.

**Decision rationale:** The patient presents with pain in the cervical spine that radiates into bilateral arms and hands, shoulder, wrist and the lower back. The request is for NAPROXEN 550 MG #60. Physical examination to the cervical spine on 04/20/15 revealed mild tenderness over the paracervical muscles, levator scapulae and trapezii bilaterally. Physical examination to the lumbar spine revealed tenderness to palpation over the bilateral lumbosacral L4-5 and L5-S1 paraspinals, sacroiliac joints and the bilateral piriformii. Patient has had acupuncture treatments with benefits. Per 02/23/15 progress report, patient's diagnosis include cervical disc degen, brachial neuritis nos, cervical radiculopathy, lumbar radiculopathy, and sacroilitis. Patient's medications, per 01/28/15 progress report include Flexeril, Lidoderm 5% Patch, Naproxen, Gabapentin, and Tramadol. Patient is permanent and stationary.MTUS Chronic Pain Medical Treatment Guidelines, pg 22 for Anti-inflammatory medications states: Anti-inflammatories are the traditional first line of treatment, to reduce pain so activity and functional restoration can resume, but long-term use may not be warranted. A comprehensive review of clinical trials on the efficacy and safety of drugs for the treatment of low back pain concludes that available evidence supports the effectiveness of non-selective non-steroidal anti-inflammatory drugs (NSAIDs) in chronic LBP and of antidepressants in chronic LBP.MTUS p60 also states, "A record of pain and function with the medication should be recorded," when medications are used for chronic pain. Treater does not discuss request. Patient has received prescriptions for Naproxen from 08/12/14 and 04/20/15. In this case, the treater has not documented how this medication has been effective in management of pain and function. MTUS page 60 require recording of pain and function when medications are used for chronic pain. Given the lack of documentation, as required by guidelines, the request IS NOT medically necessary.

**Lidoderm patches (quantity illegible):** 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 topical lidocaine Page(s): 57, 112. Decision based on Non-MTUS Citation Official disability guidelines Pain chapter, Lidoderm patches.

**Decision rationale:** The patient presents with pain in the cervical spine that radiates into bilateral arms and hands, shoulder, wrist and the lower back. The request is for LIDOPDERM PATCHED (QTY ILLEGIBLE). Physical examination to the cervical spine on 04/20/15 revealed mild tenderness over the paracervical muscles, levator scapulae and trapezii bilaterally. Physical examination to the lumbar spine revealed tenderness to palpation over the bilateral lumbosacral L4-5 and L5-S1 paraspinals, sacroiliac joints and the bilateral piriformii. Patient has

had acupuncture treatments with benefits. Per 02/23/15 progress report, patient's diagnosis include cervical disc degen, brachial neuritis nos, cervical radiculopathy, lumbar radiculopathy, and sacroilitis. Patient's medications, per 01/28/15 progress report include Flexeril, Lidoderm 5% Patch, Naproxen, Gabapentin, and Tramadol. Patient is permanent and stationary. MTUS guidelines page 57 states, "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)." MTUS Page 112 also states, "Lidocaine Indication: Neuropathic pain. Recommended for localized peripheral pain." When reading ODG guidelines, it specifies that lidoderm patches are indicated as a trial if there is "evidence of localized pain that is consistent with a neuropathic etiology." ODG further requires documentation of the area for treatment, trial of a short-term use with outcome documenting pain and function. The treater has not discussed this request. In review of the medical records provided, the patient received prescriptions for Lidoderm 5% Patches from 08/12/14 and 04/20/15. In this case, treater does not discuss how it is used, how often and with what efficacy in terms of pain reduction and functional improvement. MTUS page 60 require recording of pain and function when medications are used for chronic pain. Furthermore, the patient appears to present with diffuse radicular pain with no peripheral localized neuropathic pain for which this topical patch may be indicated. The request is not in accordance with guideline indications. Therefore, it IS NOT medically necessary.