

<b>Case Number:</b>	CM14-0106535		
<b>Date Assigned:</b>	09/16/2014	<b>Date of Injury:</b>	12/05/2012
<b>Decision Date:</b>	10/22/2014	<b>UR Denial Date:</b>	06/17/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/09/2014

### 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. The expert reviewer is Board Certified in Physical Medicine & Rehabilitation and is licensed to practice in Nevada. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### 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 records presented for review indicate that this 62 year old gentleman was reportedly injured on December 5, 2012. The mechanism of injury is noted as stepping down off a bus and falling. The most recent progress note, dated July 16, 2014, indicates that there were ongoing complaints of low back pain. The physical examination demonstrated decreased lumbar spine range of motion and tenderness. There was decreased sensation at the right L5 nerve distribution. Diagnostic imaging studies of the lumbar spine revealed moderate foraminal narrowing at L4 - L5 and L5 - S1 and a grade 1 spondylolisthesis at L4 on L5. Previous treatment includes physical therapy and oral medications. A request was made for Flexeril 10 milligrams and Flexeril 5 percent patches and was non-certified in the preauthorization process on June 17, 2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Flexeril 10mg, one half tablet q.h.s with PRN pain spasm #30 vs #60 (4) refills:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines (Effective July 18, 2009), Muscle Relaxants (for pain), pages 56, 63-66 of 127. Page(s): 56 of 1.

**Decision rationale:** Flexeril is a muscle relaxant. According to the California Chronic Pain Medical Treatment Guidelines, muscle relaxants are indicated as a second line option for the short term treatment of acute exacerbation of chronic low back pain. According to the most recent progress note, the injured employee does not have any complaints of acute exacerbations and a request of sixty tablets with four refills does not indicate short term episodic usage. For these reasons, this request is not medically necessary.

**Lidoderm 5% patch #30 with four (4) refills:** 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 (Effective July 18, 2009), page 56 of 127. Page(s): Page 56 of 127..

**Decision rationale:** The California MTUS Guidelines support the use of topical Lidocaine for individuals with neuropathic pain that have failed treatment with first line therapy including antidepressants or antiepilepsy medications. Based on the clinical documentation provided, the injured employee has neuropathic findings on physical examination; however, there is no documentation that he has failed first line treatment with antidepressants or antiepilepsy medications. As such, the request for Lidoderm 5 percent patches is not medically necessary.