

<b>Case Number:</b>	CM14-0117334		
<b>Date Assigned:</b>	09/23/2014	<b>Date of Injury:</b>	10/01/2003
<b>Decision Date:</b>	10/27/2014	<b>UR Denial Date:</b>	06/26/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/25/2014

### 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 Occupational Medicine and is licensed to practice in California. 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 applicant is a represented [REDACTED] employee who has filed a claim for chronic low back pain reportedly associated with an industrial injury of October 1, 2003. Thus far, the applicant has been treated with analgesic medications; topical agents; transfer of care to and from various providers in various specialties; a cane; earlier lumbar spine surgery; implantation of an intrathecal pain pump; and extensive periods of time off of work. In a Utilization Review Report dated June 24, 2014, the claims administrator failed to approve a request for Lidoderm and Cyclobenzaprine while approving request for doxepin and Hydrocodone-acetaminophen. The applicant's attorney subsequently appealed. In a July 21, 2014 progress note, the applicant reported 6/10 pain radiating into the bilateral lower extremities, exacerbated by standing and walking. The applicant was using a cane to move about. The applicant had not worked since 2003, it was acknowledged. Multiple medications were renewed, including Flexeril, doxepin, Norco, and Lidoderm. It was stated that the applicant was also using another muscle relaxant, Norflex.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Lidoderm 5% Patch #30:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Lidocaine Page(s): 112.

**Decision rationale:** While page 112 of the MTUS Chronic Pain Medical Treatment Guidelines does acknowledge that topical lidocaine is indicated in the treatment of localized peripheral pain or neuropathic pain in applicants in whom there has been a trial of first-line therapy with antidepressants and/or anticonvulsants, in this case, however, the applicant's ongoing usage of doxepin, an antidepressant adjuvant medication, effectively obviates the need for the Lidoderm patches at issue. Therefore, the request is not medically necessary.

**Cyclobenzaprine 7.5mg #60:** 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 topic. Page(s): 41.

**Decision rationale:** As noted on page 41 of the MTUS Chronic Pain Medical Treatment Guidelines, the addition of cyclobenzaprine or Flexeril to other agents is not recommended. In this case, the applicant is in fact using a variety of opioid, non-opioid, and topical agents. Adding cyclobenzaprine to the mix is not recommended. Therefore, the request is not medically necessary.