

<b>Case Number:</b>	CM14-0118859		
<b>Date Assigned:</b>	08/06/2014	<b>Date of Injury:</b>	06/12/2009
<b>Decision Date:</b>	10/14/2014	<b>UR Denial Date:</b>	07/25/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/29/2014

### 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 and 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 66-year-old female was reportedly injured on June 12, 2009. The mechanism of injury is stated to be a slip and fall. The most recent progress note, dated July 18, 2014, indicates that there were ongoing complaints of neck pain, left upper extremity pain, low back pain, and left lower extremity pain. The physical examination demonstrated a normal upper and lower extremity neurological examination. Diagnostic imaging studies were not reviewed during this visit. Previous treatment includes a C5 - C6 foraminotomy, a lumbar spine L4 - L5 fusion, and a left shoulder arthroscopy as well as cervical and lumbar epidural steroid injections, and cervical and lumbar facet radiofrequency ablations. A request had been made for Lidoderm 5% Patches, Lyrica 50 mg, Norco 10/325, Skelaxin 800 mg, and six sessions of chiropractic care and was not certified in the pre-authorization process on July 24, 2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Lidoderm 5% Patch % (700 mg/patch) #30 refill x 3: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation OFFICIAL DISABILITIES GUIDELINES

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

**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 anti-epilepsy medications. The most recent progress note dated July 18, 2014, does not indicate any neuropathic findings on physical examination. As such, this request for lidocaine 5% Patches is not medically necessary.

**Lyrica 50 mg #120 refill x 3:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation OFFICIAL DISABILITIES GUIDELINES

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 16-20, 49.

**Decision rationale:** The California MTUS Chronic Pain Medical Treatment Guidelines considers Lyrica to be an option for the treatment of neuropathic pain. Based on the clinical documentation provided, there is no evidence that the injured employee has any neuropathic pain nor are any radicular symptoms noted on physical examination. As such, this request for Lyrica is not medically necessary.

**Norco 10/325 mg #90 refill x 3:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 74-78, 88, 91.

**Decision rationale:** Norco (hydrocodone/acetaminophen ) is a short acting opiate indicated for the management in controlling moderate to severe pain. This medication is often used for intermittent or breakthrough pain. The California MTUS guidelines support short-acting opiates at the lowest possible dose that establishes improvement (decrease) and the pain complaints and increased functionality, as well as the ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. The claimant has chronic pain after a work-related injury, however, there is no objective clinical documentation of improvement in their pain or function with the current regimen. As such, this request for Norco is not considered medically necessary.

**Skelaxin 800 mg tablet #90 refill x 3:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain) Page(s): 63-66.

**Decision rationale:** Skelaxin 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 exacerbations of chronic low back pain. According to the most recent progress note, dated July 18, 2014, the injured employee does not have any complaints of acute exacerbations nor are there any spasms present on physical examination. For these reasons this request for Skelaxin is not medically necessary.

**Chiropractic Treatment x 6 sessions:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 58-59.

**Decision rationale:** The California MTUS Guidelines support the use of manual therapy and manipulation (chiropractic care) for low back pain as an option. A trial of 6 visits over 2 weeks with the evidence of objective functional improvement, and a total of up to 18 visits over 16 weeks is supported. According to the progress note dated July 18, 2014, the injured employee has previously received chiropractic care, however it is unclear how many visits the injured employee has had. Without this information, this request for an additional six chiropractic treatment sessions is not medically necessary.