

<b>Case Number:</b>	CM14-0123696		
<b>Date Assigned:</b>	09/16/2014	<b>Date of Injury:</b>	02/25/2001
<b>Decision Date:</b>	10/22/2014	<b>UR Denial Date:</b>	07/29/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/05/2014

### 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 Emergency Medicine and is licensed to practice in Texas. 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 injured worker is a 61-year-old male who reported an injury on 02/25/2001 due to pushing a cart. The injured worker complained of lower back pain that radiated down the bilateral lower extremities. The diagnoses included bilateral lower extremity radiculopathy. The prior surgeries included a status post L3-4, L4-5, and L5-S1 interbody fusion with removal of hardware, with revision and repair of pseudoarthrosis at the L4-5 on 12/15/2006. The medications included Norco, Ultram, Neurontin, Anaprox, Effexor, Halcion, and Soma. The diagnostics included a CT scan and an MRI of the lumbar spine. The treatment plan included medications. The Request for Authorization dated 09/16/2014 was submitted with documentation. The objective findings of 05/16/2014 of the lumbar spine revealed the posterior lumbar musculature revealed tenderness to palpation bilaterally with increased muscle rigidity. Numerous trigger points were palpable and tender throughout the lumbar paraspinal muscles. The worker had decreased range of motion, and obvious muscle guarding, with flexion of 30 degrees, and extension to 10 degrees. Sensory examination revealed a decreased Wartenberg pinprick wheel along the left L5-S1 dermatomes in comparison to the right. Straight leg raise in modified seated position was positive on the left at about 40 degrees in comparison to the right. The request for authorization dated 09/16/2014 was submitted within the documentation.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**LidoPro 121mg:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesic Page(s): 111-113.

**Decision rationale:** The request for LidoPro 121mg is not medically necessary. Guidelines state that topical compounds are largely experimental in use with few randomized controlled trials to determine efficacy or safety and are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Additionally, any compounded product that contains at least 1 drug that is not recommended is not recommended. The guidelines state that capsaicin is recommended only as an option if injured workers who have not responded or are intolerant to other treatments. The request did not indicate the frequency or the duration. As such, the request is not medically necessary.

**Fexmid 7.5mg BID:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine Page(s): 41, 64.

**Decision rationale:** The request for Fexmid 7.5mg BID is not medically necessary. The California MTUS states that Cyclobenzaprine (Flexeril) is recommended for a short course of therapy. Flexeril is more effective than placebo in the management of back pain; however, the effect is modest and comes at the price of greater adverse effects. The effect is greatest in the first 4 days of treatment, suggesting that shorter courses may be better. This medication is not recommended to be used for longer than 2-3 weeks. The guidelines indicate that Fexmid, which is a form of Flexeril, is for short term use only and that the effect is greatest within the first 4 days and no longer than 2 to 3 weeks. The request did not indicate the duration. As such, the request is not medically necessary.

**Acupuncture 2x6 to treat Lumbar Spine:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Low Back Complaints Page(s): 6.

**Decision rationale:** The request for Acupuncture 2x6 to treat Lumbar Spine is not medically necessary. The California MTUS indicate that acupuncture is used as an option when pain medication is reduced or not tolerated. It must be used in conjunction with physical rehabilitation and/or surgical intervention to hasten functional recovery. The frequency and duration of acupuncture or acupuncture with electrical stimulation may be performed as follows:

the time to produce functional improvement is 3 to 6 treatments with a frequency of 1 to 2 weeks and an optimum duration of 1 to 2 months. The documentation did not indicate that the pain medication was reduced or not tolerated. As such, the request is not medically necessary.