

<b>Case Number:</b>	CM14-0125847		
<b>Date Assigned:</b>	09/24/2014	<b>Date of Injury:</b>	10/02/2000
<b>Decision Date:</b>	10/27/2014	<b>UR Denial Date:</b>	07/26/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/08/2014

### 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 Neurology, has a subspecialty in Neuromuscular Medicine and is licensed to practice in New Jersey. 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 patient is a 44-year-old man who sustained a work-related injury on October 2, 2000. Subsequently, he developed low back pain. According to the progress report dated July 23, 2014, the patient continued complaining of lower back pain. He rated the pain at 4/10. He described his pain as aching, annoying, constant, cramping, dull, and shooting. He continued to take all his medications as prescribed (Percocet, Vicodin, Oxycodone, Skelaxin and Lyrica) as well as his spinal cord stimulator. He did occasionally use a TENS unit. Examination of the lumbar spine revealed well-healed wounds with difficulty transitioning from seated to standing position. There is no focal deficits noted in both motor and sensory. The patient was diagnosed with status post spinal cord stimulator implant, lumbar spine pain, fibromyalgia/myositis, backache, lumbar spine radiculopathy, and failed back surgery syndrome. The provider requested authorization for Flexeril, Lidoderm patches, and Percocet.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Flexeril 10 mg #30:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants Page(s): 63.

**Decision rationale:** According to MTUS guidelines, Flexeril, a non sedating muscle relaxant, is recommended with caution as a second line option for short term treatment of acute exacerbations in patients with chronic spasm and pain. Efficacy appears to diminish over time and prolonged use may cause dependence. There is no recent documentation of pain and spasticity and no clear justification of continued use of Flexeril. As such, the request is not medically necessary.

**Lidoderm 5% patch #90:** Upheld

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

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

**Decision rationale:** According to MTUS guidelines, Lidoderm is the brand name for a lidocaine patch. Topical lidocaine may be recommended for localized peripheral pain after there has been evidence of a trial of first-line therapy. In this case, there is no documentation that the patient developed neuropathic pain that did not respond to first line therapy and the need for Lidoderm patch is unclear. There is no documentation of efficacy of previous use of Lidoderm patch. Therefore, the request is not medically necessary.

**Percocet 10/325mg #150:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines opioids Page(s): 179.

**Decision rationale:** MTUS guidelines state that criteria for use for ongoing- management of opioids include ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Guidelines additionally note that prescriptions should be from a single provider, taken as directed, from a single pharmacy, and the lowest possible dose should be prescribed. There is no clear documentation of patient improvement in level of function, quality of life, adequate follow up for absence of side effects and aberrant behavior with previous use of narcotics. There is no justification for the use of several narcotics. As such, the request is not medically necessary.

