

<b>Case Number:</b>	CM14-0134860		
<b>Date Assigned:</b>	08/27/2014	<b>Date of Injury:</b>	09/20/1999
<b>Decision Date:</b>	09/30/2014	<b>UR Denial Date:</b>	08/18/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/21/2014

### 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, has a subspecialty in Pain Medicine and is licensed to practice in Texas and Oklahoma. 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 64-year-old female who reported an injury on 09/20/1999 while working as a principal at a school; she fell on a waxed floor. The injured worker had a history of neck pain and bilateral shoulder pain. The injured worker had diagnoses of cervical degenerative disc disease, depression with anxiety, and generalized anxiety disorder. The diagnostics included a cervical x-ray, and MRI. The magnetic resonance imaging (MRI) of the cervical spine dated 09/05/2013 revealed exaggerated kyphosis at the cervical/thoracic junction; solid bony fusion at C3-7; and multiple neural foraminal stenosis at C2-3, C3-4, and C5-6 on the right. The prior surgeries included 4 cervical fusions and a shoulder surgery. The medications included Flexeril, Lidoderm, Prilosec, Senna, Norco, aspirin, Flector patches, Voltaren gel, and Elavil. The objective findings dated 08/01/2014 of the musculoskelature revealed a normal muscle tone without atrophy to bilateral upper and lower extremities. The muscle strength to the RUE was an abduction 4/5, all other extremities 5/5, hypertonicity to the trapezius and the parascapular musculature bilaterally with spasming palpated over the right trapezius and the right parascapular region. No abnormalities noted to gait and station. The treatment plan included Norco. The Request for Authorization dated 08/08/2014 was submitted with documentation.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Lidoderm 5% patch (700mg/patch) 12 hours on, 12 hours off #60: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Lidoderm (lidocaine patch).

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

**Decision rationale:** The request for Lidoderm 5% patch (700mg/patch) 12 hours on, 12 hours off #60 is not medically necessary. The CA MTUS states that topical analgesics are "largely experimental in use with few randomized controlled trials to determine efficacy or safety; also, that they are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed." These agents are applied locally to painful areas with advantages that include lack of systemic side effects, absence of drug interactions, and no need to titrate. Many agents are compounded as monotherapy or in combination for pain control; however, there is little to no research to support the use of many of these agents. Any compounded product that contains at least one drug (or drug class) that is not recommended, therefore, is not recommended. The use of these compounded agents requires knowledge of the specific analgesic effect of each agent and how it will be useful for the specific therapeutic goal required. The clinical notes were not evident of neuropathic pain. As such, the request is not medically necessary.

**Norco 10/325mg 1 tab every 8 hours #90: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Norco, Ongoing Management Page(s): 75, 78.

**Decision rationale:** The request for Norco 10/325mg 1 tab every 8 hours #90 is not medically necessary. The California MTUS guidelines recommend short acting opioids such as Norco for controlling chronic pain. For ongoing management, there should be documentation of the 4 A's including analgesia, activities of daily living, adverse side effects and aberrant drug taking behavior. The injured worker's injury was in 1999 and the injured worker is 8 months post-operative cervical fusion. The injured worker should be weaned for the Norco. The clinical notes did not address aberrant drug taking behavior. The documentation should include the activities of daily living, adverse side effects, and the aberrant drug taking behavior. The request did not address frequency. As such, the request for is not medically necessary.

**Senna 8.6mg BID #60 with 3 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 Initiation of Opioid Therapy Page(s): 77.

**Decision rationale:** The request for Senna 8.6mg BID #60 with 3 refills is not medically necessary. The California MTUS Guidelines indicate that with opioid therapy, prophylactic treatment of constipation should be initiated. The clinical notes were not evident of the injured worker having a diagnosis or history of constipation. As such, the request is not medically necessary.

**Flexeril 10mg one tab BID #60:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine (Flexeril, Amrix, Fexmid, generic available).

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

**Decision rationale:** The request for Flexeril 10mg one tab BID #60 is not medically necessary. The California MTUS states; 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 recommend Cyclobenzaprine for no longer than 2 to 3 weeks to manage back pain. The clinical notes indicated that the injured worker had been prescribed Cyclobenzaprine on 09/06/2013 and again on 08/01/2014, exceeding the recommended 2-3 week time period. As such, the request is not medically necessary.