

<b>Case Number:</b>	CM14-0136828		
<b>Date Assigned:</b>	09/03/2014	<b>Date of Injury:</b>	05/30/2008
<b>Decision Date:</b>	10/21/2014	<b>UR Denial Date:</b>	08/07/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/25/2014

### 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:

There were 189 pages provided for this review. The application for independent medical review was pertaining to cyclobenzaprine, Zofran, Lidoderm patch and gabapentin. Some of the forms were not legible due to the light copy. Per the records provided, this is a 56-year-old female being treated with a diagnosis of neck sprain, lumbar region sprain, headache, cervicgia, long-term medicine use, unspecified drug dependence and skin sensation disturbance. The injury was from the year 2008. She struck the back of her head. A CT of the cervical spine in 2011 showed degenerative changes in hypertrophic facet changes. An MRI of the neck down also in 2011 again confirmed the degenerative changes. The MRI of the brain showed sinus disease. The patient complains of ongoing neck and had pain noting some intermittent pain in the left neck and shoulder with some shooting pain towards the wrist. The current medicines are cyclobenzaprine, gabapentin, Nucynta, alprazolam, Lexapro, meclizine and metformin.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Cyclobenzaprine 7.5mg #90 refills 3:** 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 8 C.C.R.9792.20 - 9792.26 MTUS (Effective July 18, 2009) Page(s): 41-42.

**Decision rationale:** The MTUS recommends Flexeril (cyclobenzaprine) for a short course of therapy. The effect is greatest in the first 4 days of treatment, suggesting that shorter courses may be better. Treatment should be brief. The addition of cyclobenzaprine to other agents is not recommended. In this case, there has been no objective functional improvement noted in the long-term use of Flexeril in this claimant. Long term use is not supported. Also, it is being used with other agents, which also is not clinically supported in the MTUS.

**Zofran Odt 8mg #20 refills 3:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) <Insert Section (for example Knee)>, <Insert Topic (for example Total Knee Arthroplasty)>

**Decision rationale:** The MTUS was silent on this medicine. The ODG notes Ondansetron (Zofran): This drug is a serotonin 5-HT<sub>3</sub> receptor antagonist. It is FDA-approved for nausea and vomiting secondary to chemotherapy and radiation treatment. It is also FDA-approved for postoperative use. Acute use is FDA-approved for gastroenteritis. It is not recommended for nausea and vomiting secondary to chronic opioid use. Recommended for acute use per FDA-approved indications. This is a special anti-emetic for special clinical circumstances; those criteria are not met in this injury case. The request is appropriately non-certified.

**Lidoderm 5% patch #30 refills 2:** 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 8 C.C.R. 9792.20 - 9792.26 MTUS (Effective July 18, 2009) Page(s): 56.

**Decision rationale:** Lidoderm is the brand name for a lidocaine patch produced by [REDACTED]. Topical lidocaine may be recommended for localized peripheral pain after there has been evidence of a trial of first-line therapy (tri-cyclic or SNRI anti-depressants or an AED such as gabapentin or Lyrica). This is not a first-line treatment and is only FDA approved for post-herpetic neuralgia. It is not clear the patient had forms of neuralgia, and that other agents had been first used and exhausted. The MTUS notes that further research is needed to recommend this treatment for chronic neuropathic pain disorders other than post-herpetic neuralgia. The request was appropriately non-certified under MTUS.