

<b>Case Number:</b>	CM14-0141646		
<b>Date Assigned:</b>	09/10/2014	<b>Date of Injury:</b>	08/24/2009
<b>Decision Date:</b>	10/14/2014	<b>UR Denial Date:</b>	08/07/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/02/2014

### 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 Family 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:

Injured worker is a 55-year-old female who has submitted a claim for degeneration of cervical intervertebral disc; cervicalgia, brachial radiculitis; de Quervain's tenosynovitis, bilateral, s/p release (2/16/09, right; 2/17/14, left); thumb CMC osteoarthritis, bilateral, s/p resection arthroplasty (2/16/09, right; 2/17/14, left); Carpal tunnel syndrome, bilateral, s/p carpal tunnel steroid injection with ultrasound guidance (9/12/13, bilateral); Pisiform osteoarthritis, right; s/p thumb and wrist revision arthroplasty, right (2/23/11); recurrent right thoracic outlet syndrome, s/p surgical decompression of thoracic outlet with supraclavicular redo scalenectomy (5/14/12); s/p transaxillary first rib dissection, subtotal scalenectomy, neurolysis of the brachial plexus, lysis and release of the subclavian artery, subclavian vein and internal jugular vein, left (08/27/12); and fibromyalgia, associated with an industrial injury date of 08/24/09. Medical records from 2013 to 2014 were reviewed. Injured worker sustained a cumulative work-related injury to her right and left upper extremity and cervical region during the course of performing her job activities as an Executive Administrator. Work duties were not noted in the submitted documentation. 07/09/14 progress report showed injured worker have had no complaints with regards to her upper extremities, with absence of pain and good ROM. 06/05/14 progress report notes injured worker had constant neck and upper pain with headaches, with note that current medications remain helpful and provides functional gains in assisting her to perform her ADLs, mobility and restorative sleep, with no noted side effects. On physical examination, there was noted tenderness at the paracervical, trapezius and levator scapulae area, with restricted ROM and painful active ROM and noted decreased sensation of the right middle finger at C7 distribution. Plan was C6-7 transforaminal epidural steroid injection and to continue medications. Treatment to date has included surgery, epidural steroid injections, physical therapy and medications (Flexeril and Lidocaine patch since at least 02/06/14). Utilization review date of

08/07/14 denied the request for Flexeril 10mg #30 because it has no proven role in the treatment of chronic pain syndrome, and Lidocaine 5% adhesive patch #90 because it has no proven role in the treatment of chronic intractable lumbar backache.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**Flexeril 10mg #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 Antispasmodics Page(s): 64-65.

**Decision rationale:** As stated on pages 64 of the CA MTUS Chronic Pain Medical Treatment Guidelines, Cyclobenzaprine (Flexeril) is a skeletal muscle relaxant and a central nervous system depressant with similar effects to tricyclic antidepressants that is more effective than placebo in the management of back pain, although the effect is modest and comes at the price of adverse effects. It is recommended for a short course of therapy of not more than 2-3 weeks. Limited, mixed-evidence does not allow for a recommendation for its chronic use and the greatest effect appears to be in the first 4 days of treatment. In this case, injured worker has been on cyclobenzaprine since at least 02/06/14. There was report that current medications are helpful and provides functional gains in assisting her to perform her ADLs, mobility and restorative sleep. However, its present use in this case exceeds the recommended short course of treatment. Also, there was no note of muscle spasms on the most recent physical examination to justify the use of an anti-spasmodic muscle relaxant. Therefore, the request for Flexeril 10mg #30 is not medically necessary.

**Lidoderm (Lidocaine patch):** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Lidocaine Patch Page(s): 56-57.

**Decision rationale:** Pages 56 to 57 of CA MTUS Chronic Pain Medical Treatment Guidelines state that 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). Regarding the Menthol component, CA MTUS does not cite specific provisions, but the ODG Pain Chapter states that the FDA has issued an alert in 2012 indicating that topical OTC pain relievers that contain menthol, methyl salicylate, or capsaicin, may in rare instances cause serious burns. In this case, injured worker was on Lidocaine patch since at least 02/06/14. There was noted pain and functional improvement with the use of lidocaine patch; however, there was no note in the records of a trial of first-line therapy. Nowhere in the

submitted documentations was there mention of the planned area of treatment, the number of patch or the number of hours per day of its use. Guideline criteria were not met. Therefore, the request for Lidocaine 5% (700mg) adhesive patch #90 is not medically necessary.