MAXIMUS Federal Services

| Case Number: | CM14-0144687 | | |
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| Date Assigned: | 09/12/2014 | Date of Injury: | 10/23/2002 |
| Decision Date: | 10/24/2014 | UR Denial Date: | 08/04/2014 |
| Priority: | Standard | Application Received: | 09/08/2014 |

## 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 Physical Medicine and Rehabilitation and is licensed to practice in Illinois. 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 52-year-old female who reported a work related injury on 10/23/2012. The mechanism of injury was not provided for review. The injured worker's diagnoses consist of chronic cervicalgia, chronic lumbar backache and upper and lower extremity radiculopathic pain with pain in the hip region and in the pelvis region. Upon examination on 06/14/2014, the injured worker complained of neck pain, low back pain that is aggravated by activity and walking, upper extremity pain bilaterally in the hands, lower extremity pain in the left hip, bilaterally in the knees, and ongoing headaches, and insomnia associated with ongoing pain. She rated her pain as a 7/10 with medications on a VAS pain scale and 10/10 without medications on a VAS pain scale. On physical examination spasms were noted in the bilateral paraspinous muscular. Tenderness was also noted upon palpation in the bilateral paravertebral area L3-S1 levels. Range of motion of the lumbar spine was moderately limited secondary to pain. Pain was significantly noted to increase with flexion and extension. Tenderness was noted to the upper extremities at the left rotator cuff and the left anterior shoulder. The injured worker's past treatment has included acupuncture, physical therapy, and medications. Diagnostic studies include an MRI of the lumbar spine on 02//27/2006 which revealed mild hypertrophy of facet joint and ligamentum flavum at L3-4, L4-5 and L5-S1 without significant disc bulge, spinal stenosis or foraminal narrowing. The injured worker's prescribed medications include glucosamine, Lidoderm patches, Pantoprazole, Robaxin, Maxalt, Neurontin, Ambien, Zoloft, Zofran, Percocet and Norco. The treatment plan consisted of Robaxin, ThermaCare heat wrap, and Lidoderm patch. The rationale for the request consist of a Lidoderm patch for pain control, Robaxin for muscle spasms, or back pain relief. The Request for Authorization Form was not submitted for review.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Lidoderm Patch 5% #30:** Upheld

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

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

**Decision rationale:** The request for Lidoderm patch is not medically necessary. The California MTUS Guidelines state that a Lidoderm patch is a secondary medication for neuropathic pain and is only FDA approved for postherpetic neuralgia. The submitted and reviewed documentation does not contain documentation of neuropathic pain. As such, the request for Lidoderm patch is not medically necessary.

**ThermaCare Heat Wrap #24:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG Cold/Heat Packs

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low back, Heat Therapy

**Decision rationale:** The request for a ThermaCare heat wrap is not medically necessary. The Official Disability Guidelines recommend heat therapy as an option. A number of studies have shown continuous low level heat wrap therapy to be effective for treating the low back. Active warming reduces acute low back pain during rescue transport. Combining continuous low level heat wrap therapy with exercise during the treatment of acute low back pain significantly improves functional outcomes compare with either intervention alone or control. There is moderate evidence that heat wrap therapy provides a small short term reduction in pain and disability and acute and subacute low back pain, and that the addition of exercise further reduces pain and improves function. Heat therapy has been found to be helpful for pain reduction and return to normal function. However, ThermaCare heat wrap has no evidence based proven efficacy in the treatment of chronic neuromuscular pain. As such, the request for a ThermaCare heat wrap is not medically necessary.

**Robaxin 500mg #90:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants Page(s): 64.

**Decision rationale:** The request for Robaxin is not medically necessary. The California MTUS Guidelines nonsedating muscle relaxants with caution as a second line option for short term treatment of acute exacerbation in patients with chronic low back pain. Muscle relaxants may be effective when reducing pain and muscle tension, and increasing mobility. However, in most low back cases, they show no benefit beyond NSAIDS and pain and overall improvement. Efficacy appears to diminish overtime, and prolonged use of some medications in this class may lead to dependence. In regards to the injured worker, she does not currently have any acute myospasm or breakthrough myospasm noted within the documentation. Chronic use of muscle relaxants increases the risk for side effects. As such, the request for Robaxin is not medically necessary.