

<b>Case Number:</b>	CM14-0161192		
<b>Date Assigned:</b>	10/06/2014	<b>Date of Injury:</b>	09/20/1999
<b>Decision Date:</b>	11/04/2014	<b>UR Denial Date:</b>	09/22/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/01/2014

### 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 Anesthesiology, has a subspecialty in Pain Medicine and is licensed to practice in Florida. 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. The mechanism of injury was a slip and fall. Prior treatments included physical therapy, ice, heat, and medications. The surgical history was not provided. The injured worker had a consistent urine drug screen in mid-2014. The injured worker signed an opioid contract on 06/26/2012. The injured worker underwent right shoulder surgery on 02/12/2013 and a cervical fusion in 2007, 2009, and 2011 as well as a carpal tunnel release in 2003. The injured worker had left shoulder surgery in 2000. The documentation of 08/01/2014 revealed the injured worker had chief complaint of muscle spasms that were severe. The duration of use was for Lidoderm and muscle relaxants was at least since July 2014. The injured worker had difficulty sleeping secondary to muscle spasms and neck pain. The injured worker had difficulty with pain when she performed certain activities at or above the shoulder level. The muscle strength of the upper extremities was 4/5 in bilateral arm abduction. In bilateral lower extremities the strength was 5/5. The injured worker's current medications included Flexeril 10 mg 1 twice a day and Lidoderm patches 2 patches 12 hours off as well as Prilosec DR 20 mg capsules 2 tablet a half hour before breakfast and 1 tablet a half hour before dinner. The injured worker had a list of 18 medications. The diagnoses included degenerative cervical disc, unspecified major depression, recurrent episode, generalized anxiety disorder, and depression with anxiety. The treatment plan included the injured worker was having significant muscle spasms, weakness, and pain in the neck and head and was benefitting from physical therapy. The request was made for additional physical therapy. The documentation indicated the injured worker was utilizing Norco 10/325 mg 1 tablet every 8 hours for pain, Prilosec for GI side effects, Flexeril for muscle spasms, and Lidoderm patches. The injured worker was noted to get a reduction in muscle spasms with Flexeril and had muscle spasms when she lies down. The muscle spasms are so severe that the

injured worker's head is tilted. Flexeril decreases and stops these muscle spasms. The injured worker indicated that with medication her function was improved by 50% with medication and the pain level was 6/10 and without medications it was 10/10. The treatment plan included continuation of medications. Documentation of 10/13/2014 was in response to the denial of Lidoderm patches, Flexeril, and Prilosec. The injured worker had significant tightness in her neck and upper back and when pain was more severe the tightness would increase. The medications allowed the injured worker to relieve pain. The injured worker was able to perform activities such as curling her hair, folding her laundry, and putting on clothes including her bra. The physician documented the injured worker used Lidoderm patches topically on her neck and upper extremity to help with neuropathic pain. The injured worker had complaints of neck and predominantly left sided parascapular, trapezius, and anterior clavicular pain in the areas. The physician opined Lidoderm was appropriate. The injured worker had tried several medications including Neurontin, Topamax, Effexor, Lyrica, tramadol, Celebrex, and naproxen. The injured worker tried Capsaicin cream which caused burns and it was ineffective. As such, Lidoderm patch would be appropriate. Additionally, regarding the use of Flexeril, the physician opined it was understood that Flexeril was not supported by the guidelines. However, the injured worker was using it intermittently as needed and did not use it on a regular basis. The injured worker was using 2 tablets per day for muscle spasms. With the use of Flexeril there was a reduction in the muscle spasms and improvement in functions of daily living. There was no Request for Authorization submitted to support the requests.

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

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

#### **1 prescription for Lidoderm 5 percent patch (700mg/patch) #60: 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 Page(s): 56, 57.

**Decision rationale:** The California MTUS guidelines indicate that topical lidocaine (Lidoderm) 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. Further research is needed to recommend this treatment for chronic neuropathic pain disorders other than post-herpetic neuralgia. No other commercially approved topical formulations of lidocaine (whether creams, lotions or gels) are indicated for neuropathic pain. The clinical documentation submitted for review indicated the injured worker had a trial and failure of first line therapy. The duration of use was for at least 3 months.. There was documentation the injured worker had an objective decrease in pain as well as objective improvement in function. This medication would be supported. However, the request as submitted failed to indicate the body part as well as the frequency for the medication. Given the above, the request for 1 prescription for Lidoderm 5 percent patch (700mg/patch) #60 is not medically necessary.

**1 Prescription request for Flexeril 10mg tabs #60: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine (Flexeril).

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

**Decision rationale:** The California MTUS Guidelines recommend muscle relaxants as a second line option for the short term treatment of acute low back pain. Their use is recommended for less than 3 weeks. There should be documentation of objective functional improvement. The clinical documentation submitted for review indicated the injured worker had been utilizing the medication for an extended duration of time. While there was documentation of objective functional improvement, the injured worker had utilized the medication for an extended duration of time and there was a lack of documentation of exceptional factors to warrant nonadherence to guideline recommendations. The request as submitted failed to indicate the frequency for the requested medication. The duration of use was for at least 3 months. Given the above, the request for 1 Prescription request for Flexeril 10mg tabs #60 is not medically necessary.