

<b>Case Number:</b>	CM14-0163222		
<b>Date Assigned:</b>	10/08/2014	<b>Date of Injury:</b>	04/07/2013
<b>Decision Date:</b>	11/03/2014	<b>UR Denial Date:</b>	09/15/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/03/2014

### 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 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:

This 45 year-old patient sustained an injury on 4/7/13 while employed by [REDACTED]. Request(s) under consideration include Lidocaine Patch 5% #30 and Robaxin 500mg. Diagnoses include cervical disc displacement/ radiculopathy; thoracic sprain/strain; headaches; and ulnar neuropathy. Report of 8/5/14 from the provider noted the patient with ongoing chronic neck pain radiating into the left arm with associated numbness in digits and pain along ulnar distribution. Exam showed nerve irritation at elbow; left wrist extension weakness and diffuse numbness in multiple fingers. Treatment included CESI (cervical epidural steroid injection) and medication refills. Report of 9/12/14 from chiropractic provider noted the patient with immediate relief with ESI (epidural steroid injection), but noted some visual changes with increased headaches. Although improved, the left lower neck had continued radiating pain to interscapular region and left arm. Medications list Ibuprofen, Prilosec, and Lidoderm patch. Exam showed cervical spine with decreased range in all planes; positive Spurling's and decreased left C6 distribution; left shoulder and left elbow with 4/5 strength. Treatment included proceeding with second ESI and remained TTD (temporary total disability). The request(s) for Lidocaine Patch 5%, #30 and Robaxin 500mg were non-certified on 9/15/14 citing guidelines criteria and lack of medical necessity.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Lidocaine Patch 5 Percent #30:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Medications Page(s): 111- 113. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Lidoderm (Lidocaine patch), page 751

**Decision rationale:** The patient exhibits diffuse tenderness and pain on the exam to the spine and extremities with radiating symptoms. The chance of any type of topical improving generalized symptoms and functionality significantly with such diffuse pain is very unlikely. Topical Lidoderm is indicated for post-herpetic neuralgia, according to the manufacturer. There is no evidence in any of the medical records that this patient has a neuropathic source for the diffuse pain. Without documentation of clear localized, peripheral pain to support treatment with Lidocaine along with functional benefit from treatment already rendered, medical necessity has not been established. There is no documentation of intolerance to oral medication as the patient is also on other oral analgesics. Lidocaine Patch 5%, #30 is not medically necessary and appropriate.

**Robaxin 500mg:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants Page(s): 128.

**Decision rationale:** Guidelines do not recommend long-term use of this muscle relaxant for this chronic injury of April 2013. Additionally, the efficacy in clinical trials has been inconsistent and most studies are small and of short duration. These medications may be useful for chronic musculoskeletal pain, but there are no long-term studies of their effectiveness or safety. Submitted reports have not adequately demonstrated the indication or medical need for this treatment and there is no report of significant clinical findings, acute flare-up or new injury to support for its long-term use. There is no report of functional improvement resulting from its previous treatment to support further use as the patient remains unchanged. The Robaxin 500mg is not medically necessary and appropriate.