

<b>Case Number:</b>	CM14-0168449		
<b>Date Assigned:</b>	10/16/2014	<b>Date of Injury:</b>	11/06/2012
<b>Decision Date:</b>	11/18/2014	<b>UR Denial Date:</b>	10/10/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/13/2014

### 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, has a subspecialty in Interventional Spine 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:

The patient is a 51 year old female with an injury date on 11/06/12. Based on the 10/01/14 progress report provided by [REDACTED], the patient complains ongoing lower back pain with radiating to the lower extremities. She cannot tolerate prolonged walking, sitting, and standing with pain scale at 6/10. There were no other significant findings noted on this report. Her diagnoses include the following: 1. Pain in right leg 2. Lumbosacral radiculopathy [REDACTED]. [REDACTED] is requesting for the followings: 1. Cyclobenzaprine 10 mg, #60 with 5 refills. 2. Ibuprofen 600 mg, #90 with 5 refills. 3. Lidoderm 5%, 700mg, adhesive patch, #60 with 5 refills. The utilization review denied the request on 10/10/14. [REDACTED] is the requesting provider, and he provided treatment reports from 04/16/14 to 10/01/14.

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **1 Prescription of cyclobenzaprine 10mg, #60 with 5 refills: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain) Page(s): 63, 64.

**Decision rationale:** According to the 10/01/14 report by [REDACTED], this patient presents pain at lumbar spine to lower extremities. The physician is requesting Cyclobenzaprine 10 mg #60 with 5 refills. For muscle relaxants for pain, the MTUS pg. 63 states "Recommended non-sedating muscle relaxants with caution as a second line option for short term treatment of acute exacerbation in patients with chronic LBP. Muscle relaxants may be effective in reducing pain and muscle tension and increasing mobility; however, in most LBP cases, they showed no benefit beyond NSAIDs, pain and overall improvement." A short course of muscle relaxant may be warranted for patient's reduction of pain and muscle spasms. However, the physician is requesting Cyclobenzaprine 10mg #60 x 5 and this medication was first noted on 08/27/14 report. Cyclobenzaprine is not recommended for long term use. The physician does not mention if this is for a short-term use. The request is not medically necessary.

**1 Prescription of ibuprofen 600mg, #90 with 5 refills:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, non-steroidal anti-inflammatory drug.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Medications for chronic pain Page(s): 60, 61.

**Decision rationale:** This patient presents with lower back pain traveling to both legs. The physician is requesting a for Ibuprofen 600 mg, #90 with 5 refills. Review of reports show patient has been taking Ibuprofen since 08/27/14. The MTUS pages 60 and 61 require evaluation of the effect of pain relief in relationship to improvements in function and increased activity when using medications for chronic pain. Furthermore, MTUS pages 67 and 68 on neuropathic pain states, "There is inconsistent evidence for the use of these medications to treat long-term neuropathic pain, but they may be useful to treat breakthrough and mixed pain conditions such as osteoarthritis (and other nociceptive pain) in with neuropathic pain." Progress report on 10/01/14, physician documents "patient has 50% decreases in pain." Given pain reduction and support from MTUS, the request is medically necessary.

**1 Prescription of lidoderm 5% patch (700mg/patch) adhesive patch #60 with 5 refills:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Lidoderm (lidocaine patch).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines lidoderm patches, Topical Analgesics Page(s): 56, 57, 111, 112.

**Decision rationale:** This patient presents with lower back pain traveling to both legs. The physician is requesting for Lidoderm 5%, 700 mg, adhesive patch, #60 with 5 refills. Review of reports shows patient has been using Lidoderm patch since 05/20/14. The MTUS guidelines state that Lidoderm patches may be recommended for neuropathic pain that is peripheral and localized when trials of antidepressants and anti-convulsions have failed. ODG guidelines also specify that Lidoderm is indicated for peripheral, localized pain that is neuropathic in nature. In this case, the

patient does not present with neuropathic pain that is peripheral and localized. The patient has diffuse radicular pain and axial low back pain for which Lidoderm is not indicated. The request is not medically necessary.