

<b>Case Number:</b>	CM14-0170569		
<b>Date Assigned:</b>	10/23/2014	<b>Date of Injury:</b>	03/01/2007
<b>Decision Date:</b>	11/21/2014	<b>UR Denial Date:</b>	10/03/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/15/2014

### 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 Occupational Medicine 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 48 year old right-handed man with a date of injury on 3/1/2007 from pulling garbage bins for 26 years. He has had bilateral carpal tunnel release for bilateral carpal tunnel syndrome and bilateral ulnar nerve decompression surgeries for bilateral cubital tunnel syndrome. The latest clinical notes are from an office visit on Sept 11, 2014. The worker, at that time, stated that his grip has improved but his hands are sore all the time, and that the pain in his hands and arms interfere with his sleeping and limits his ability to grip and grasp. He continues to work. His exam is noted for bilateral tenderness of both acromioclavicular (AC) joints with limitations in the range of motion of his shoulders; tender elbows; and positive Tinel's and muscle wasting of wrists. The worker's diagnoses include bilateral carpal tunnel syndrome, bilateral cubital tunnel syndrome, left plantar fasciitis, back pain with radiculopathy, shoulder pain, diabetes mellitus, spinal stenosis, post-bilateral laminectomy of L5-S1, and post-microlaminectomy.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Lidoderm Patch 5% #30 times 2 refills:** 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 (lidocaine patch) Page(s): 56.

**Decision rationale:** Per the Medical Treatment Utilization Schedule (MTUS), topical lidocaine may be recommended for localized peripheral pain after there has been evidence of a trial of first-line therapy (tri-cyclic or serotonin norepinephrine reuptake inhibitors [SNRI] antidepressants or an anti-epileptic drugs [AED] such as Gabapentin). This is not a first-line treatment and is only Food and Drug Administration (FDA) approved for post-herpetic neuralgia. Further research is needed to recommend this treatment for chronic neuropathic pain disorders other than post-herpetic neuralgia. Formulations that do not involve a dermal-patch system are generally indicated as local anesthetics and anti-pruritics. There is no documentation that this worker has failed a first-line medication therapy. Therefore this service is not medically necessary.

**Flexeril 10 mg #30:** Upheld

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

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

**Decision rationale:** Cyclobenzaprine is a skeletal muscle relaxant and a central nervous system depressant with similar effects to tricyclic antidepressants (e.g. amitriptyline). Cyclobenzaprine 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 has a central mechanism of action. The worker has had chronic and diffuse musculoskeletal complaints since 2007. Per the Medical Treatment Utilization Schedule (MTUS), Cyclobenzaprine is not recommended to be used for longer than 2-3 weeks. Therefore this service is not medically necessary.