

<b>Case Number:</b>	CM15-0113732		
<b>Date Assigned:</b>	06/22/2015	<b>Date of Injury:</b>	10/27/2008
<b>Decision Date:</b>	07/21/2015	<b>UR Denial Date:</b>	06/08/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/15/2015

### 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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: Maryland

Certification(s)/Specialty: Internal Medicine, Rheumatology

### 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(n) 36 year old male, who sustained an industrial injury on 10/27/08. He reported pain in his lower back after pulling a heavy object. The injured worker was diagnosed as having post lumbar laminectomy syndrome and lumbar disc displacement without myelopathy. Treatment to date has included a lumbar radiofrequency ablation on 1/20/15 with 70% pain relief. Current medications include Relafen, Norco, Lidoderm and Norflex (since at least 12/29/14). As of the PR2 dated 5/22/15, the injured worker reports pain in his lower back. He reports 50-60% pain relief with current medications, which allows him to work full time. Objective findings include lumbar flexion is 30 degrees and extension is 10 degrees. The treating physician requested Lidoderm 5% patch #60 x 3refills and Norflex ER 100mg #90.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Lidoderm 5% patch (700mg patch) SIG: apply two patches 12 hours on, 12 hours off, QTY: 60 with 3 refills: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Lidocaine Page(s): 112.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical analgesics Page(s): 111.

**Decision rationale:** This 36 year old male has complained of low back pain since date of injury 10/27/08. He has been treated with radiofrequency ablation and medications. The current request is for Lidoderm patch. , Per the MTUS guidelines cited above, the use of topical analgesics in the treatment of chronic pain is largely experimental, and when used, is primarily recommended for the treatment of neuropathic pain when trials of first line treatments such as anticonvulsants and antidepressants have failed. There is no such documentation in the available medical records. On the basis of the MTUS guidelines cited above, the Lidoderm patch is not indicated as medically necessary.

**Orphenadrine-Norflex ER 100mg #90 SIG: take 1 twice daily as needed, QTY: 90:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain) Page(s): 63-66.

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

**Decision rationale:** This 36 year old male has complained of low back pain since date of injury 10/27/08. He has been treated with radiofrequency ablation and medications to include Norflex since at least 12/2014. The current request is for Orphenadrine-Norflex ER. Per the MTUS guidelines cited above, muscle relaxant agents (Orphenadrine) are not recommended for chronic use and should not be used for a greater than 2-3 week duration. Additionally, they should not be used with other agents. On the basis of these MTUS guidelines, Orphenadrine-Norflex is not indicated as medically necessary.