

<b>Case Number:</b>	CM15-0118612		
<b>Date Assigned:</b>	06/26/2015	<b>Date of Injury:</b>	04/15/2013
<b>Decision Date:</b>	07/31/2015	<b>UR Denial Date:</b>	06/08/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/19/2015

### 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: California, Indiana, New York  
 Certification(s)/Specialty: Internal Medicine

### 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 61 year old male who sustained an industrial lifting injury on 04/15/2013. The injured worker was diagnosed with lumbago and thoracic/lumbosacral neuritis or radiculitis. The injured worker is status post an anterior L4-S1 fusion in June 2014. Treatment to date has included diagnostic testing, surgery, physical therapy and medications. According to the primary treating physician's progress report on May 18, 2015, the injured worker continues to experience low back pain radiating to the left thigh and leg. The injured worker rates his pain level at 8/10. The injured worker reports a recent fall secondary to his left leg giving out. He also reports depression, poor concentration, fatigue and poor sleep. Examination demonstrated restricted range of motion with flexion limited to 40 degrees, extension to 10 degrees and bilateral lateral bending at 15 degrees each. Tenderness to palpation was noted of the paravertebral muscles bilaterally. There was spinous process tenderness on L4-L5 with positive facet loading on the left side and negative on the right side. Straight leg raise was negative on the right and positive on the left at 60 degrees in the sitting position. Motor strength was 4/5 at the knee flexors, knee extensors and extensor hallucis longus muscle on the left extremity. Hyperesthesia was present over the left medial and lateral calf. Current medications are listed as Naproxen, Terocin patch, Cyclobenzaprine, Fenoprofen Calcium, Lunesta and Omeprazole. Treatment plan consists of discontinuing Fenoprofen Calcium, psychological evaluation; continue with heat, exercise, medication regimen and the current request for Cyclobenzaprine and LidoPro ointment.

## IMR ISSUES, DECISIONS AND RATIONALES

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

### **Cyclobenzaprine 7.5mg #60: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 64, 111-113. Decision based on Non-MTUS Citation Official Disability Guidelines Web Edition.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants Page(s): 63-66. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, Muscle relaxants.

**Decision rationale:** Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, Flexeril 7.5mg #60 is not medically necessary. Muscle relaxants are recommended as a second line option short-term (less than two weeks) of acute low back pain and for short-term treatment of acute exacerbations in patients with chronic low back pain. Efficacy appears to diminish over time and prolonged use may lead to dependence. In this case, the injured worker's working diagnoses are lumbago; thoracic or lumbosacral neuritis or radiculitis NOS; backache NOS. The date of injury is April 15, 2013. Request for authorization is dated June 1, 2015. Flexeril was prescribed as far back as December 21, 2014. Lidopro was prescribed as far back as March 23, 2015. The most recent progress note in the medical record is dated May 18, 2015. The injured worker is status post anterior fusion L4 - S1. Subjectively, the injured worker has ongoing low back pain. Objectively, range of motion of the lumbar spine is decreased, there is tenderness to palpation of the paraspinal muscle groups and there is positive facet loading. Flexeril is indicated for short-term (less than two weeks) treatment of acute low back pain or an acute exacerbation of chronic low back pain. The treating provider has continued Flexeril in excess of three months. The guidelines recommend less than two weeks. Consequently, absent compelling clinical documentation with objective functional improvement and guideline recommendations for short-term- less than two weeks use (provider continue Flexeril in excess of three months), Flexeril 7.5mg #60 is not medically necessary.

### **Lidopro Ointment 4.5%-27.5%-0.0325%-10% #1: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 111-113.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical analgesics Page(s): 111-113. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, Topical analgesics.

**Decision rationale:** Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, Lidopro ointment 4.5% - 27.5% - 0.0325% - 10% is not medically necessary. Topical analgesics are largely experimental with few controlled trials to determine efficacy and safety. They are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Any compounded product that contains at least

one drug (or drug class) that is not recommended is not recommended. Lidopro contains Capsaisin 0.0325%, lidocaine 4.5% and methyl salicylate 27.5%. Other than Lidoderm, no other commercially approved topical formulation of lidocaine whether cream, lotions or gels are indicated for neuropathic pain. Capsaicin is generally available as a 0.025% formulation. There have been no studies of a 0.0375% formulation and there is no current indication that an increase over 0.025% formulation would provide any further efficacy. In this case, the injured worker's working diagnoses are lumbago; thoracic or lumbosacral neuritis or radiculitis NOS; backache NOS. The date of injury is April 15, 2013. Request for authorization is dated June 1, 2015. Flexeril was prescribed as far back as December 21, 2014. Lidopro was prescribed as far back as March 23, 2015. The most recent progress note in the medical record is dated May 18, 2015. The injured worker is status post anterior fusion L4 - S1. Subjectively, the injured worker has ongoing low back pain. Objectively, range of motion of the lumbar spine is decreased, there is tenderness to palpation of the paraspinal muscle groups and there is positive facet loading. Capsaisin 0.025% is not recommended. Lidocaine in non-Lidoderm form is not recommended. Any compounded product contains at least one drug (Capsaisin 0.0325% and lidocaine in non-Lidoderm form) that is not recommended is not recommended. Consequently, Lidopro ointment 4.5% - 27.5% - 0.0325% - 10% is not recommended. Based on clinical information in the medical record and the peer-reviewed evidence-based guidelines, Lidopro ointment 4.5% - 27.5% - 0.0325% - 10% is not medically necessary.