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| <b>Case Number:</b>   | CM15-0118991 |                              |            |
| <b>Date Assigned:</b> | 06/29/2015   | <b>Date of Injury:</b>       | 03/23/2013 |
| <b>Decision Date:</b> | 07/28/2015   | <b>UR Denial Date:</b>       | 05/22/2015 |
| <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: Arizona, California

Certification(s)/Specialty: Family Practice

### 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 41-year-old male, who sustained an industrial injury on 3/23/13. He reported an extreme pulling sensation from the left side of his neck to his left shoulder and upper mid back. He also reported his mouth was in a half smiling position for two days after the industrial injury. Treatment to date has included medication, acupuncture, TENS, nerve conduction study, home exercise program and physical therapy. Currently, the injured worker complains of low back, neck and left shoulder pain. He states that the pain level can be as high as 8/10. The injured worker is currently diagnosed with cervical sprain, cervical radiculopathy, left shoulder sprain, lumbar sprain and left lateral epicondylitis. The injured worker's work status is currently permanent and stationary. A note dated 4/22/15, states on examination there is tenderness noted on the left side of the cervical spine to include the trapezius muscle and shoulder blade area. There is decreased range of motion which also produces pain. The shoulder examination reveals restricted and painful range of motion, with tenderness noted at the shoulder joint. Swelling is noted on the left elbow as is tenderness on exam. The lower back examination reveals tenderness on the left side of the spine, specifically L4-L5 and L5-S1 and decreased range of motion. Sensory examination reveals no abnormalities. He reports the pain is tolerable with the use of medication. A physical therapy note dated 11/19/14 states the injured worker demonstrates continued improvement. His neck and shoulder range of motion and strength are within normal limits. There is documentation of Flexeril prescriptions dating back to August 2014. As stated above, the injured worker experiences the ability to tolerate the pain with the medications prescribed. The following medications, Flexeril 7.5 mg #30 and Lidocaine patches #30 are being requested to continue to decrease the injured workers pain and discomfort.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Flexeril 7.5mg #30:** Upheld

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

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

**Decision rationale:** According to the MTUS guidelines, Cyclobenzaprine (Flexeril) is more effective than placebo for back pain. It is recommended for short course therapy and has the greatest benefit in the first 4 days suggesting that shorter courses may be better. Those with fibromyalgia were 3 times more likely to report overall improvement, particularly sleep. Treatment should be brief. There is also a post-op use. The addition of Cyclobenzaprine to other agents is not recommended. The claimant had been on Flexeril for a prolonged period (over 6 months) in combination with opioids. Continued and chronic use is not medically necessary.

**Lidocaine Patches #30:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines topical analgesics Page(s): 111-112.

**Decision rationale:** According to the MTUS guidelines, topical analgesics are recommended as an option as indicated below. They are largely experimental in use with few randomized controlled trials to determine efficacy or safety. Primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Lidocaine is recommended for localized peripheral pain after there has been evidence of a trial of first-line therapy (tri-cyclic or SNRI anti-depressants or an AED such as gabapentin or Lyrica). Lidoderm has been designated for orphan status by the FDA for neuropathic pain. Lidoderm is also used off-label for diabetic neuropathy. In this case the claimant did not have the above diagnoses. Long-term use of topical analgesics such as Lidoderm patches are not recommended. The claimant remained on oral analgesics. The request for the use of Lidoderm patches as above is not medically necessary.