

<b>Case Number:</b>	CM15-0125792		
<b>Date Assigned:</b>	07/10/2015	<b>Date of Injury:</b>	03/25/2014
<b>Decision Date:</b>	09/10/2015	<b>UR Denial Date:</b>	06/11/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/29/2015

### 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, Michigan

Certification(s)/Specialty: Preventive Medicine, Occupational 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 42-year-old female, with a reported date of injury of 10/06/2000. The mechanism of injury was not indicated in the medical records. The injured worker's symptoms at the time of the injury were not indicated in the medical records. The diagnoses include chronic back pain status post laminectomy, muscle spasms, radicular symptoms of the right lower leg off and on, chronic constipation due to the medications, and insomnia. Treatments and evaluation to date have included oral medications and home exercises. The diagnostic studies to date have not been indicated in the medical records. The medical report dated 04/28/2015 indicates that the injured worker presented to the office for a two month follow-up of chronic back pain, chronic muscle spasms, bilateral sacral iliac joint dysfunction, and insomnia. She stated that she is about the same except she has good days and bad days depending on the level of activity as well as the weather. The physical examination showed minimal tenderness in the lumbosacral area associated with no paravertebral muscle spasms, bilateral sacroiliac joint tenderness, normal lower extremity motor power, normal deep tendon reflexes, and no focal deficit. It was noted that the injured worker was stable and stationary. She is functional at home without medication, and cannot sleep due to pain. Without medication, her pain level was rated 6-7 out of 10, and with medications, her pain level goes down to 5 out of 10. There was documentation that the injured worker was not abusing the medications. The treatment plan included the continuation of the current medications and to follow-up in two months. The treating physician requested Celebrex, Nexium, Percocet, and Lidoderm 5%.

## 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 Muscle Relaxants (for pain) Page(s): 63-64.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine (Flexeril); Muscle Relaxants (for pain) Page(s): 41; 63-66.

**Decision rationale:** Per the California Medical Treatment Utilization Schedule (CMTUS) guidelines, non-sedating muscle relaxants are recommended with caution as a "second-line option for short-term treatment of acute exacerbations in patients with chronic low back pain". The combination of muscle relaxants with non-steroidal anti-inflammatory drugs has shown no additional benefit. The efficacy appears to diminish over time, and prolonged use of some medications in this class may lead to dependence. The CMTUS guidelines recommend Cyclobenzaprine (Flexeril) for short-term treatment (no longer than 2-3 weeks) to decrease muscle spasms in the lower back. The medical records show that the injured worker has been taking Cyclobenzaprine since at least March 2015, this exceeds the guidelines recommendations. In addition, there is a lack of documentation of acute exacerbation of lower back pain or muscle spasm in the lower back. Therefore, the cyclobenzaprine is not medically necessary.

**Lidopro patches #15:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113.

**Decision rationale:** Per the MTUS, topical analgesics are recommended as an option, they are largely experimental in use with few randomized controlled trials to determine efficacy or safety. They are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Many agents are compounded as monotherapy or in combination for pain control, any compounded product that contains at least one drug or drug class that is not recommended is not recommended. Lidocaine is approved for use in the form of a dermal patch. Gels, creams or lotions are not indicated for neuropathic pain and lidocaine is not recommended for non neuropathic pain. A review of the injured workers medical records that are available to me does not show a trial of recommended first line agents that have failed and there does not appear to be any reason to deviate from the guidelines therefore the request for Lidopro patches is not medically necessary.