

<b>Case Number:</b>	CM15-0127213		
<b>Date Assigned:</b>	07/17/2015	<b>Date of Injury:</b>	08/29/2013
<b>Decision Date:</b>	08/18/2015	<b>UR Denial Date:</b>	06/04/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/01/2015

### 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: New Jersey, Alabama, California  
 Certification(s)/Specialty: Neurology, Neuromuscular 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 was a 34 year old male, who sustained an industrial injury, August 29, 2013. The injured worker previously received the following treatments physical therapy, Etodolac, Cyclobenzaprine, Ketorolac, cervical spine MRI, Naprosyn, Mentherm Gel, Neurontin, Toradol, thoracic spine MRI, acupuncture, EMG/NCS (electro-diagnostic studies and nerve conduction studies) of the bilateral upper extremities which were negative, home exercise program and cervical epidural injections. The injured worker was diagnosed with myofascial pain syndrome, cervical spine sprain, cervical radiculopathy on the right and thoracic strain. According to progress note of June 17, 2015, the injured worker's chief complaint was lumbar spine pain with bilateral hand numbness and tingling. The injured worker was currently not working. The physical exam noted positive bilateral Spurling's test. There was decreased sensation in the bilateral hands. The range of motion was decreased by 10% in all plans. The right trapezius was positive tenderness and spasms. The paracervical spinals were positive for tenderness with trigger points. The treatment plan included prescriptions for Flexeril and LidoPro cream.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Retrospective (DOS: 5/20/2015) Flexeril 7.5mg, #90: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants Page(s): 54-56.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines muscle relaxants Page(s): 63-66.

**Decision rationale:** The MTUS for Chronic Pain does not recommend muscle relaxants for chronic pain. Non-sedating muscle relaxants are an option for short term exacerbations of chronic low back pain. Cyclobenzaprine, per the MTUS, is indicated for short term use only and is not recommended in combination with other agents. This injured worker has been prescribed multiple medications along with cyclobenzaprine. There is no documentation of pain and functional improvement with previous use of the medication. There is no documentation of flare of muscle spasticity. Therefore, the request for Flexeril 7.5mg, #90 is not medically necessary.

**Retrospective (DOS: 5/20/2015) LidoPro Cream 121gms:** 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 Analgesic Page(s): 111.

**Decision rationale:** According to MTUS, in Chronic Pain Medical Treatment guidelines section Topical Analgesics (page 111), topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. Many agents are combined to other pain medications for pain control. That is limited research to support the use of many of these agents. Furthermore, according to MTUS guidelines, any compounded product that contains at least one drug or drug class that is not recommended is not recommended. Lido Pro (capsaicin, menthol and methyl salicylate and lidocaine) contains capsaicin a topical analgesic and lidocaine not recommended by MTUS. There is no documentation of pain and functional improvement with previous use of Lido Pro. Based on the above Lido Pro is not medically necessary.