

<b>Case Number:</b>	CM15-0063778		
<b>Date Assigned:</b>	04/09/2015	<b>Date of Injury:</b>	10/08/2014
<b>Decision Date:</b>	06/11/2015	<b>UR Denial Date:</b>	03/19/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/03/2015

### 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: Pennsylvania, Ohio, California  
 Certification(s)/Specialty: Physical Medicine & Rehabilitation

### 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 50 year old male, who sustained an industrial injury on October 8, 2014. He reported back and knee pain. The injured worker was diagnosed as having lumbar sprain and knee sprain. Treatment to date has included activity modifications, chiropractic therapy, topical medications, oral medications, TENS unit, and imaging of the lumbar spine. Currently, the injured worker complains of low back pain and right knee tenderness. The low back pain is described as constant, burning and is worse with activity. The low back pain radiates to the right gluteus muscle. The injured worker reported that the right knee pain had resolved but that the knee was tender to palpation. He reported that his chiropractic therapy were beneficial in increasing range of motion and relaxing his muscles. He reports that he has some difficulty falling asleep but that this was better with Cyclobenzaprine. His treatment plan included Fenopfen 400 mg, Lidopro cream, TENS unit, continuation of Cyclobenzaprine, ice therapy, continued chiropractic therapy and home exercises.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Lidopro cream 121gm QTY: 1.00: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 105, 111-113.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics/Lidocaine Page(s): 112.

**Decision rationale:** MTUS recommends topical Lidocaine only for localized peripheral neuropathic pain after a trial of first-line therapy. The records in this case do not document such a localized peripheral neuropathic diagnosis, and the guidelines do not provide an alternate rationale. This request is not medically necessary.

**Cyclobenzaprine 7.5mg QTY: 60.00: 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 Muscle Relaxants Page(s): 63-64.

**Decision rationale:** MTUS recommends the use of non-sedating muscle relaxants for short-term use only. This guideline recommends Cyclobenzaprine/Flexeril only for a short course of therapy. The records in this case do not provide an alternate rationale to support longer or ongoing use. This request is not medically necessary.