

<b>Case Number:</b>	CM15-0064067		
<b>Date Assigned:</b>	04/10/2015	<b>Date of Injury:</b>	08/20/2003
<b>Decision Date:</b>	05/08/2015	<b>UR Denial Date:</b>	03/25/2015
<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: 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 58 year old female who sustained an industrial injury on 8/20/03. The diagnoses have included lumbago, lumbosacral degenerative disc disease (DDD), joint pain lower leg right knee and chronic pain syndrome. Treatment to date has included medications, epidural steroid injection (ESI), physical therapy and surgery. The Magnetic Resonance Imaging (MRI) of the right knee was done on 9/3/09 and Magnetic Resonance Imaging (MRI) of the lumbar spine was done on 6/20/05, 1/23/04 and 8/15/02. Currently, as per the physician progress note dated 3/20/15, the injured worker complains of chronic low back and bilateral knee pain. The pain was rated 2/10 with use of medications and 10/10 with physical therapy and without medications. The back pain was described as worsening and radiates to the left lower extremity with numbness and tingling. She continues to work but the pain is aggravated by prolonged standing, prolonged walking and heavy lifting. It was noted that she continues to report good pain relief with medications. The objective findings revealed lumbar spine tenderness, decreased range of motion, and decreased sensation on the left lower extremity. The exam of the right knee revealed decreased range of motion, tenderness, crepitus and grinding with range of motion and pain with repetitive range of motion and flexion and extension. The physician noted that she has completed physical therapy and has had epidural steroid injection (ESI) and continues to be symptomatic with low back and right knee pain. The physician requested treatments included Cyclobenzaprine 10 mg Quantity of 60 and Topical Lidoderm 5% 700 mg Quantity of 30 with 3 refills for chronic pain.

## IMR ISSUES, DECISIONS AND RATIONALES

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

### **Cyclobenzaprine 10 mg Qty 60: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine (Flexeril); Muscle relaxants (for pain) Page(s): 41-42, 63-64.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants, pg 128.

**Decision rationale:** Guidelines do not recommend long-term use of this muscle relaxant for this chronic injury. Additionally, the efficacy in clinical trials has been inconsistent and most studies are small and of short duration. These medications may be useful for chronic musculoskeletal pain, but there are no long-term studies of their effectiveness or safety. Submitted reports have not adequately demonstrated the indication or medical need for this treatment and there is no report of significant clinical findings, acute flare-up or new injury to support for its long-term use. There is no report of functional improvement resulting from its previous treatment to support further use as the patient remains unchanged. The Cyclobenzaprine 10 mg Qty 60 is not medically necessary and appropriate.

### **Topical Lidoderm 5% 700 mg Qty 30 with 3 refills: 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 Medications, Pages 111- 113. Decision based on Non-MTUS Citation ODG, Pain, Lidoderm (Lidocaine patch), page 751.

**Decision rationale:** The patient exhibits diffuse tenderness and pain on the exam to the spine and extremities with radiating symptoms. The chance of any type of patch improving generalized symptoms and functionality significantly with such diffuse pain is very unlikely. Topical Lidoderm patch is indicated for post-herpetic neuralgia, according to the manufacturer. There is no evidence in any of the medical records that this patient has a neuropathic source for the diffuse pain. Without documentation of clear localized, peripheral pain to support treatment with Lidoderm along with functional benefit from treatment already rendered, medical necessity has not been established. There is no documentation of intolerance to oral medication as the patient is also on multiple other oral analgesics. The Topical Lidoderm 5% 700 mg Qty 30 with 3 refills is not medically necessary and appropriate.