

<b>Case Number:</b>	CM15-0071877		
<b>Date Assigned:</b>	04/22/2015	<b>Date of Injury:</b>	06/20/2011
<b>Decision Date:</b>	05/20/2015	<b>UR Denial Date:</b>	04/10/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/15/2015

### 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: 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 43 year old female, who sustained an industrial injury on June 20, 2011. She has reported neck pain, back pain, and headache. Diagnoses have included sprain of the hip and thigh, chronic pain syndrome, cervical spine strain/sprain, lumbar spine strain/sprain, and neuropathy of the lower extremity. Treatment to date has included medications, ice, heat, exercise, physical therapy, acupuncture, and imaging studies. A progress note dated February 26, 2015 indicates a chief complaint of neck pain, headache, lower back pain radiating to the left axilla, itching of the hands and feet, and numbness of the toes. The treating physician requested approval for medications.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Lorzone 750mg #60:** Upheld

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

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

**Decision rationale:** MTUS Guidelines do not support the long-term daily use of muscle relaxants for chronic pain. Short-term daily use and intermittent short use for distinct flare-ups is Guideline supported, but this muscle relaxant is prescribed on a long term daily basis. There are no unusual circumstances to justify an exception to Guidelines. The Lorzone 750mg #60 is not medically necessary.

**Lidoderm patch 5% #90:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 56-57, 111-112.

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

**Decision rationale:** MTUS Guidelines supports the use of Lidoderm under very narrow circumstances. These circumstances include prior failure of first line drugs and the presence of a localized neuropathic pain syndrome. Both of these conditions are documented to have been met in addition to documented pain relief from the Lidoderm. Under these circumstances, the Lidoderm Patch 5% #90 is supported by Guidelines and is medically necessary.