

<b>Case Number:</b>	CM15-0075591		
<b>Date Assigned:</b>	04/27/2015	<b>Date of Injury:</b>	12/28/2011
<b>Decision Date:</b>	05/22/2015	<b>UR Denial Date:</b>	04/14/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/21/2015

### 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, Pain Management

### 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 12/28/2011. Current diagnoses include lumbosacral spondylosis, unspecified thoracic/lumbar, pain in joint, and opioid dependency. Previous treatments included medication management, total hip replacements x2, psychiatric evaluation and treatment, and home exercises. Report dated 03/25/2015 noted that the injured worker presented with complaints that included lumbar pain and hip pain. Pain level was 3 out of 10 on the visual analog scale (VAS). Physical examination was positive for abnormal findings. Medication regimen includes Linzess, Dexilliant, Percocet, and Lidoderm patch. The treatment plan included recommendation for continued exercise and weight loss, prescribed medications, Dexilliant was discontinued and Relyyks patch was re-trialed, QME report is pending, and follow up in 2 months. Disputed treatments include Relyyks patch.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Relyyks patch, #90, 1-3 patches applied to area on 12 hours, off 12 hours: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics; Opioids, specific drug list: Oxycodone/acetaminophen (Percocet; generic available).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines x 8  
C.C.R. 9792.20 - 9792.26 MTUS (Effective July 18, 2009) Page(s): 112 of 127.

**Decision rationale:** Regarding request for Relyyxs patch, Chronic Pain Medical Treatment Guidelines recommend the use of topical lidocaine for localized peripheral pain after there has been evidence of a trial of the 1st line therapy such as tri-cyclic antidepressants, SNRIs, or antiepileptic drugs. Within the documentation available for review, there is no indication that the patient has localized peripheral neuropathic pain and failure of first-line therapy. As such, the currently requested Relyyxs patch is not medically necessary.