

<b>Case Number:</b>	CM15-0079906		
<b>Date Assigned:</b>	04/30/2015	<b>Date of Injury:</b>	12/12/2014
<b>Decision Date:</b>	06/03/2015	<b>UR Denial Date:</b>	04/09/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/27/2015

### 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  
Certification(s)/Specialty: Family Practice

### 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 45 year old female, who sustained an industrial injury on 12/12/2014. The initial complaints or symptoms included low back pain/injury. The injured worker was diagnosed as having lumbar strain. Treatment to date has included conservative care, medications, x-rays, MRIs, and physical therapy. Currently, the injured worker complains of continued low back pain and mid back pain. The diagnoses include lumbar strain/sprain, and lumbar radiculopathy. The request for authorization included Relafen, Lidoderm patch and Pamelor.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Relafen 500mg, #60:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs Page(s): 67, 68, 72, 73.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs Page(s): 67.

**Decision rationale:** Nonsteroidal anti-inflammatory drugs such as Relafen may be recommended for osteoarthritis and acute exacerbations of chronic back pain. However it is recommended only as a second line treatment after acetaminophen. Significant risks for side effects exist with nonsteroidal anti-inflammatory drugs as compared to acetaminophen. Furthermore, there is no evidence of long-term effectiveness for pain or function with the use of nonsteroidal anti-inflammatory drugs. The record indicates no benefit from the use of nonsteroidal anti-inflammatory drugs with this worker or of a trial of acetaminophen. Although the short-term use of NSAIDs for an acute exacerbation of pain may have been appropriate for this worker, the continued long-term use would not be appropriate, particularly with no documentation of benefit after having already been on the medication for an extended period of time. This request is not medically necessary.

**Lidoderm Patch 5%:** Upheld

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

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

**Decision rationale:** Topical lidocaine (Lidoderm) is recommended for neuropathic pain after there has been evidence of a trial of first line therapy with tricyclic, SNRI, or an AED such as gabapentin or Lyrica. Lidocaine is not recommended for non-neuropathic pain. According to the Chronic Pain Guidelines, further research is needed to recommend this treatment for chronic neuropathic pain disorders other than post-herpetic neuralgia.