

<b>Case Number:</b>	CM15-0090693		
<b>Date Assigned:</b>	05/15/2015	<b>Date of Injury:</b>	06/22/2007
<b>Decision Date:</b>	07/08/2015	<b>UR Denial Date:</b>	05/01/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/11/2015

### 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 47 year old male, who sustained an industrial injury on 6/22/07. He reported a low back injury. The injured worker was diagnosed as having lumbar degenerative disc disease, left sided lumbosacral or thoracic neuritis/radiculitis and myofascial pain. Treatment to date has included oral medications, TENS unit, topical medications, physical therapy and home exercise program. Currently, the injured worker complains of low back pain with constant pressure and radiation to left lower extremity with numbness/tingling and cramping to left calf. Physical exam noted difficulty toe walking with left lower extremity. The treatment plan included continuation of Diclofenac Sodium, Gabapentin, Cyclobenzaprine and Omeprazole, Mentherm gel, home exercise program, ice therapy, TENS unit and refill of LidoPro cream.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Retro: 1 container of Lidopro cream 121 grams between 2/27/2015 and 2/27/2015: 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 Analgesics/Lidoderm Page(s): 112.

**Decision rationale:** MTUS recommends topical Lidoderm 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.

**Retro: 60 tablets of Cyclobenzaprine 7.5mg between 2/27/2015 and 2/27/2015:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines muscle relaxants Page(s): 49.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants/Flexeril 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.

**Retro: 60 tablets of Diclofenac Sodium ER 100mg between 2/27/2015 and 2/27/2015:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines non-steroidal anti-inflammatory drugs (NSAIDs) Page(s): 41.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Anti-Inflammatories Page(s): 22.

**Decision rationale:** MTUS recommends NSAIDs as a first-line option for musculoskeletal pain. An initial physician review stated that the records do not document benefit from this medication because the patient chose not to take the medication on the AM of a physician appointment; however, multiple physician notes clearly document ongoing patient reports of pain improvement from NSAIDs without significant side effects. This request is supported by MTUS and is medically necessary.

**Retro: 60 capsules of Gabapentin 200mg between 2/27/2015 and 2/27/2015:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines anti-epilepsy drugs Page(s): 67.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Anti-Epileptic Medication Page(s): 16-22.

**Decision rationale:** MTUS discusses Gabapentin as a first-line medication for neuropathic pain, which has been reported in this case. A prior physician review stated that the records do not document benefit from this medication because the patient chose not to take the medication on the AM of a physician appointment; however, multiple physician notes clearly document ongoing patient reports of pain improvement from medications (including anti-epileptic medications) without significant side effects. This request is supported by MTUS and is medically necessary.