

<b>Case Number:</b>	CM15-0095095		
<b>Date Assigned:</b>	05/21/2015	<b>Date of Injury:</b>	03/09/2004
<b>Decision Date:</b>	06/26/2015	<b>UR Denial Date:</b>	05/08/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/18/2015

### 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: Texas, Florida, 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 61 year old female, who sustained an industrial/work injury on 3/9/04. She reported initial complaints of neck and back pain. The injured worker was diagnosed as having lumbar sprain, lumbosacral or thoracic neuritis or radiculitis, unspecified, and chronic pain. Treatment to date has included medication. Currently, the injured worker complains of low back pain rated 9/10 with occasional radiation to the lower extremities as well as migraine headaches. Per the primary physician's progress report (PR-2) on 4/28/15, back pain was intermittent but frequent, stabbing or twisting, worse with cold weather and activity, occasional radiation to bilateral lower extremities with shooting pain, to right hip with numbness to right foot with coldness and to neck/upper back with 'shivering tightness' and no evidence of bouts of incontinence. The migraine headaches were intermittent, from back of head towards forehead, occurring together with low back pain and stress, nausea and vomiting, photophobia, and occasional dizziness. Current plan of care included medication for pain relief. The requested treatments include LidoPro cream and Cyclobenzaprine 7.5mg.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**LidoPro cream #1:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Capsaicin, Lidocaine, Salicylate topicals, Non-steroidal anti-inflammatory agents.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 112 of 127.

**Decision rationale:** LidoPro is a combination of Capsaicin 0.0325%, Lidocaine 4.5%, Menthol 10%, and the primary component is the topical analgesic, Methyl Salicylate 27.5%. The MTUS notes topical analgesic compounds are largely experimental in use with few randomized controlled trials to determine efficacy or safety. Experimental treatments should not be used for claimant medical care. MTUS notes they are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed, but in this case, it is not clear what primary medicines had been tried and failed. Also, there is little to no research to support the use of many of these agents. Any compounded product that contains at least one drug (or drug class) that is not recommended, is not certifiable. This compounded medicine contains several medicines untested in the peer review literature for effectiveness of use topically. Moreover, the MTUS notes that the use of these compounded agents requires knowledge of the specific analgesic effect of each agent and how it will be useful for the specific therapeutic goal required. The provider did not describe each of the compounded agents, and how they would be useful in this claimant's case for specific goals. The request is not medically necessary.

**Cyclobenzaprine 7.5mg #60:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines (Effective July 18, 2009) Page(s): 41 and 42.

**Decision rationale:** The MTUS recommends Flexeril (cyclobenzaprine) for a short course of therapy. The effect is greatest in the first 4 days of treatment, suggesting that shorter courses may be better. Treatment should be brief. The addition of cyclobenzaprine to other agents is not recommended. In this case, there has been no objective functional improvement noted in the long-term use of Flexeril in this claimant. Long-term use is not supported. Also, it is being used with other agents, which also is not clinically supported in the MTUS therefore, this request is not medically necessary.