MAXIMUS Federal Services

| Case Number: | CM13-0009969 | | |
|---|---|---|---|
| Date Assigned: | 09/17/2013 | Date of Injury: | 03/14/2003 |
| Decision Date: | 01/30/2014 | UR Denial Date: | 07/31/2013 |
| Priority: | Standard | Application Received: | 08/12/2013 |

## HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Family Practice and is licensed to practice in California. 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 physician 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

## 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 patient is a 46-year-old female who reported an injury on 03/14/2003. The mechanism of injury was not provided in the medical records. The patient's symptoms are noted as left knee pain. At her 09/05/2013 appointment, the patient reported an average pain level of 7/10 to 8/10 for the past month. Her diagnosis is noted as pain in joint, lower leg. Her medications are noted as Lidoderm 5% patches, apply 2 patches daily for 12 hours on, 12 hours off, Ambien 5 mg at bedtime as needed for insomnia, diclofenac sodium topically, Baclofen 10 mg 3 times a day, ketamine topical cream, nabumetone 500 mg twice a day, Norco 10/325 mg 1 every 4 hours to 6 hours, and Motrin 400 mg 1 tab to 2 tabs daily as needed. The documentation states that the patient had previously tried extended release medications but could not tolerate them because they were too sedating. The patient denies side effects with the Norco and states it allows her to better tolerate walking and standing. She also notes being able to carry out her life activities and her work day with the medication. She also states being able to sleep better at night when taking this medication. It states that they did try to lower the dose of Norco in the past, but recently she had to increase it due to her worsening pain level. It also states that her urine toxicology screens have all been consistent with her medications and the physician had obtained a DEA Cures patient activity report covering the past 6 months, and it showed that the patient had been compliant with receiving her pain medications only from their office.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Norco 10/325mg, #180:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Criteria for Use, On-going Management Page(s): 78.

**Decision rationale:** The Physician Reviewer's decision rationale: The California MTUS Guidelines state that, for the ongoing management of patients taking opioid medications, ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects is required. A pain assessment should include the patient's current pain, the least reported pain over the period since the last assessment, the average pain level, and the intensity of the pain after taking the opioid, how long it takes for pain relief, and how long pain relief lasts. Additionally, the guidelines require specific documentation regarding the 4 A's for ongoing monitoring, including analgesia, activities of daily living, adverse side effects, and aberrant drug-taking behaviors. The documentation provided for review states that, with the use of the Norco, the patient is able to function in her job duties and her activities of daily living. It further states that the patient denies adverse side effects and has not exhibited aberrant drug-taking behaviors. However, the detailed pain assessment required by the guidelines, including current pain, the least reported pain over the period since the last assessment, intensity of pain after taking the opioid, how long it takes for pain relief, and how long pain relief lasts, was not provided in the medical records. It does state that, despite the patient's high dose of Norco 10/325 mg 6 tabs a day, she stated her average pain over the last month was 7/10 to 8/10. Despite the patient taking 6 tabs a day of the Norco in addition to multiple other medications for pain, it is indicated that her pain is not being well controlled. In the absence of evidence of adequate pain relief with the use the requested opioid medication and a detailed pain assessment as required by the guidelines, the request is non-certified.

**Lidoderm 5% patch (700 mg/patch), 2 patches daily, #60 with 5 refills:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines LidodermÂ® (lidocaine patch), Page(s): 56-57.

**Decision rationale:** The Physician Reviewer's decision rationale: The California MTUS Guidelines state that Lidoderm patches are indicated for localized peripheral pain after there has been evidence of a trial of a first line therapy. It further states that Lidoderm patches are only FDA approved to treat postherpetic neuralgia. It specifies that further research is needed to recommend this treatment for chronic neuropathic pain disorders other than postherpetic neuralgia. As the guidelines state that Lidoderm patches are only indicated for pain from postherpetic neuralgia and the patient has not been diagnosed with this condition, the request is not supported. Therefore, the request is non-certified.

**Norco 10/325 mg, #60:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Criteria for Use, On-going Management Page(s): 78.

**Decision rationale:** The Physician Reviewer's decision rationale: The California MTUS Guidelines state that, for the ongoing management of patients taking opioid medications, ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects is required. A pain assessment should include the patient's current pain, the least reported pain over the period since the last assessment, the average pain level, and the intensity of the pain after taking the opioid, how long it takes for pain relief, and how long pain relief lasts. Additionally, the guidelines require specific documentation regarding the 4 A's for ongoing monitoring, including analgesia, activities of daily living, adverse side effects, and aberrant drug-taking behaviors. The documentation provided for review states that, with the use of the Norco, the patient is able to function in her job duties and her activities of daily living. It further states that the patient denies adverse side effects and has not exhibited aberrant drug-taking behaviors. However, the detailed pain assessment required by the guidelines, including current pain, the least reported pain over the period since the last assessment, intensity of pain after taking the opioid, how long it takes for pain relief, and how long pain relief lasts, was not provided in the medical records. It does state that, despite the patient's high dose of Norco 10/325 mg 6 tabs a day, she stated her average pain over the last month was 7/10 to 8/10. Despite the patient taking 6 tabs a day of the Norco in addition to multiple other medications for pain, it is indicated that her pain is not being well controlled. In the absence of evidence of adequate pain relief with the use the requested opioid medication and a detailed pain assessment as required by the guidelines, the request is non-certified.