

<b>Case Number:</b>	CM13-0018166		
<b>Date Assigned:</b>	04/25/2014	<b>Date of Injury:</b>	12/15/1995
<b>Decision Date:</b>	07/09/2014	<b>UR Denial Date:</b>	08/16/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/29/2013

### 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. The expert reviewer is Board Certified in Orthopedic Surgery, and is licensed to practice in Pennsylvania. 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/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 claimant is a 65-year-old gentleman who was injured on December 15, 1995. The clinical records provided for review include a prior peer review report of August 16, 2013 providing documentation that a weaning dose of hydrocodone was prescribed with consideration for tapering away from hydrocodone completely. The peer review did not certify the full dose of hydrocodone and Lidoderm. It was documented in the review that the claimant was diagnosed with post laminectomy syndrome, thoracic disc degeneration and continued to have chronic complaints of pain. The assessment of July 15, 2013 documented continued use of medications with no physical examination findings documented. Review of assessments prior to July 15, 2013, specifically in June of 2012, documented physical examination findings of positive straight leg raising, equal and symmetrical reflexes and hypesthesias to the right S1 dermatomal distribution. No formal imaging reports were included for review. This request is for continuation of medications to include Flector patches, hydrocodone, and Lidoderm patches.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**LIDODERM 5% PATCH (700MG/PATCH), #30:** Upheld

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

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

**Decision rationale:** Based on California MTUS Chronic Pain Guidelines, the request for Lidoderm patches would not be indicated. According to the Chronic Pain Guidelines, in the topical setting, Lidoderm is only indicated for neuropathic pain that fails first line therapy including tricyclic antidepressants or agents such as gabapentin or Lyrica. While the documentation identifies that the claimant has chronic low back complaints, there is currently no physical examination finding or imaging finding that would support the diagnosis of neuropathic pain. There is also no documentation of first line treatment for neuropathic pain. The request in this case would not be supported.

**HYDROCODONE 5/325, #120 QTY: 1.00:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Hydrocodone, Opioids-Criteria For Use Page(s): 91; 76-80.

**Decision rationale:** The CA MTUS Chronic Pain Guidelines do not recommend the continued use of hydrocodone. The documentation in a prior peer review report indicates that a weaning dose of hydrocodone was recommended for the purpose of tapering away from the drug completely. There is currently no documentation of acute symptomatic findings, physical examination findings or imaging results to support the need for continuation of narcotic management. This individual has already been prescribed the appropriate weaning dose of medication. Therefore, the continued role of opioid analgesics, specifically hydrocodone, would not be supported.

**FLECTOR PATCH, #30:** Upheld

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

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

**Decision rationale:** Based on the CA MTUS Chronic Pain Guidelines, the continued use of Flector patches also would not be indicated. Flector patches contain diclofenac which is recommended by the Chronic Pain Guidelines for use in the topical setting for treatment of osteoarthritic joints such as the ankle, elbow, foot, hands, knees, and wrists. According to the Chronic Pain Guidelines, It has not been evaluated for treatment of the spine, hip or shoulder. Therefore, based on the claimant's documented diagnoses of post laminectomy syndrome and thoracic disc degeneration, the request for continued use of Flexor Patches cannot be recommended as medically necessary.