

<b>Case Number:</b>	CM13-0018242		
<b>Date Assigned:</b>	11/06/2013	<b>Date of Injury:</b>	02/12/2009
<b>Decision Date:</b>	01/09/2014	<b>UR Denial Date:</b>	08/07/2013
<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 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 63-year-old male who sustained a work-related injury on 02/12/2009. The most recent evaluation by [REDACTED] dated 09/17/2013 documented subjective findings of patient reports of increased pain, no use of other therapies for pain relief, quality of life had remained the same, and activity level had decreased. The patient presented wearing a compression stocking. Objective findings revealed restricted range of motion of the lumbar spine with extension limited to 45 degrees, tenderness to palpation of the paravertebral muscles on the right side, positive lumbar facet loading on the right, and positive FABER test. Ankle movements were noted to be restricted and limited by pain, and tenderness was noted over the talofibular ligament. Motor strength of the EHL and dorsiflexors was decreased at 4/5. The treatment plan included continuation of current medication regimen, radiographs, and ultrasound of the right lower extremity.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Lidoderm patches 5% #30:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Lidoderm (Lidocaine patch).

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

**Decision rationale:** The California MTUS Guidelines indicate Lidoderm is a brand of lidocaine patch. Guidelines state lidocaine may be recommended for localized peripheral pain after there has been evidence of a trial of first line therapy. There is no documentation that the patient has post herpetic neuralgia or has failed an adequate length and dosing trial of a first line neuropathic agent. As such, the medical necessity for prescription of Lidoderm patches 5% #30 has not been established.

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

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids  
Page(s): 78-81.

**Decision rationale:** California MTUS Guidelines require certain criteria for ongoing monitoring of opioid use. Criteria include documentation of the "4 A's" (adverse effects, activities of daily living, aberrant behaviors, and analgesic efficacy), which is lacking in the clinical information submitted for review. The clinical information submitted for review documents subjective reports of increased pain, no change in quality of life, and decreased activity level. There is no objective documentation of functional benefit being achieved through the continued use of the requested medication in the medication regimen, as required by the guidelines for continued use. As such, the medical necessity for prescription of Norco 10/325 mg #60 has not been established.