

<b>Case Number:</b>	CM13-0021879		
<b>Date Assigned:</b>	01/15/2014	<b>Date of Injury:</b>	03/10/1999
<b>Decision Date:</b>	03/20/2014	<b>UR Denial Date:</b>	08/22/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/09/2013

### 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 Physical Medicine and Rehabilitation, has a subspecialty in Pain Management, 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:

Per treating physician report 08/12/2013, the patient presents with lumbar spine complaints, which is basically unchanged, with intensity of 5/10. The listed diagnoses are lumbar spine pain and degenerative disk disease of lumbar spine. Treatment recommendations were continued: Flexeril, Norco, and Lidoderm patches. And under Discussion, patient was given refills of his medications. MRI from 6/5/12 showed bilateral L5 laminectomy defects, along with degeneration at multiple levels.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Flexeril with one refill:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 63-64.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 63-64.

**Decision rationale:** This patient presents with chronic low back pain. The treating physician has prescribed Flexeril on a monthly basis and has asked for refills. For muscle relaxants, the Chronic Pain Medical Treatment Guidelines states that it is not recommended for long-term use but that is recommended for short course of treatments only. Under Flexeril, the Chronic Pain

Medical Treatment Guidelines specifically states, "This medication is not recommended to be used for longer than 2 to 3 weeks." The patient has been prescribed Flexeril for long-term use. The request for Flexeril with one refill is not medically necessary or appropriate.

**Lidoderm patch 5%, 90 count with one refill:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 56-57, 111-112.

**Decision rationale:** This patient presents with chronic low back pain. Multiple reports were reviewed, and each report recommends Lidoderm patches 5% #90 from 1 to 3 patches every 12 hours. The Chronic Pain Medical Treatment Guidelines discusses topical analgesics, and under lidocaine indication, it states, "Neuropathic pain. Recommended for localized peripheral pain after there has been evidence of a trial of first line therapy (tricyclic or SNRI [serotonin and noradrenaline reuptake inhibitor] antidepressants or an AED [antiepileptic drug] such as gabapentin or Lyrica)." In this patient, there is no evidence of neuropathic pain. There is no documentation of lumbar radiculopathy. Furthermore, lidocaine patches are recommended for neuropathic pain that is localized peripheral pain. In this patient, it would appear that the patient is using the patches for low back pain and not for neuropathic pain. The request for Lidoderm patch 5%, 90 count with one refill, is not medically necessary or appropriate.

**Norco 7.5/325 mg, 180 count with one refill:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Long-term Opioid Use Page(s): 88-89.

**Decision rationale:** The Physician Reviewer's decision rationale: This patient presents with chronic low back pain. The treating physician has prescribed Norco to be taken every 8 hours or so. The Chronic Pain Medical Treatment Guidelines states that for medications for chronic pain, documentation of pain assessment and function are required. The Chronic Pain Medical Treatment Guidelines discussed long-term use of opioids, and requires pain assessment and function as they relate to the use of medications. For opiates use, functioning measure must be provided at 6-month intervals using a numerical scale or validated instruments. The four A's (analgesia, ADL's [activities of daily living], adverse side effects, adverse behavior) must be documented and outcome measures are recommended. In this patient, despite review of reports from 12/18/12 to 8/12/13, there is not a single mention of how the patient is doing with use of medication. There were no numerical scales reporting the patient's pain or function. There is no mention of the four A's. Without these documentation, on-going use of opiates cannot be recommended. The request for Norco 7.5/325 mg, 180 count with one refill, is not medically necessary or appropriate.

