

<b>Case Number:</b>	CM13-0045892		
<b>Date Assigned:</b>	12/27/2013	<b>Date of Injury:</b>	02/13/2002
<b>Decision Date:</b>	06/05/2014	<b>UR Denial Date:</b>	10/31/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/12/2013

### 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 Physical Medicine & Rehabilitation 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 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:

This patient is a 61-year-old male with date of injury of 02/13/2002. The listed diagnoses per [REDACTED] dated 05/02/2013 are: arthropathy, unspecified, leg; failed back syndrome; chronic pain syndrome; back pain with sciatica; testicular hypofunction due to chronic opiate use; insomnia due to chronic pain; morbid obesity due to inactivity due to pain; neuralgia/neuritis due to nerve impingement; opioid dependency due to chronic pain; spondylosis, unspecified, with myelopathy; unspecified adverse drug effect, unspecified medication complications. According to the medical records provided for review the patient presents with chronic pain condition. The patient states that his pain is 8/10 in the morning and 5/10 to 6/10 in the afternoon and 5/10 in the evening. He denies nausea, constipation, itching, and mental cloudiness, but does have moderate sweating with no fatigue. He continues to have low back pain and left knee pain. Physical examination shows the patient is alert and oriented in no apparent distress.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**FIORICET 1-2 TABS EVERY 4 HRS AS NEEDED: MAX 5 IN 24 HRS:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 23.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 23.

**Decision rationale:** The MTUS Chronic Pain Guidelines page 23 on Barbiturate containing analgesic agents (BCAs) states, "Not recommended for chronic pain. The potential for drug dependence is high and no evidence exists to show clinically important enhancement of analgesic efficacy of BCAs due to the barbiturate constituents. There is a risk of medication overuse as well as rebound headache." The medical records provided for review indicate that the patient has been prescribed Fioricet since 05/02/2013. Given the lack of support from the MTUS Chronic Pain Guidelines, the request is not medically necessary and appropriate.

**CHANTIX 1MG:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation FDA Chantix.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation FDA Chantix.

**Decision rationale:** The MTUS, ACOEM, and ODG Guidelines do not discuss Chantix. Chantix is FDA approved for smoking cessation. Medical records provided for review show that the patient stopped smoking in 2011 and no other discussion is provided as to why Chantix is used at this point. The treater does not discuss a specific duration for Chantix to be used. Other than the prescription, no other discussions are provided. While the patient may benefit from smoking cessation, the treater does not explain how and in what way Chantix will be used or for how long to accomplish that goal. As such, the request is not medically necessary and appropriate.

**LIDOCAINE/PRILOCAINE 2.5% TOPICAL CREAM:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 111-113.

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

**Decision rationale:** The MTUS Chronic Pain Guidelines page 111 on topical lidocaine states, "Recommended for localized peripheral pain after there has been evidence of a trial of first-line therapy (tri-cyclic or SNRI anti-depressants or an AED such as Gabapentin or Lyrica). Topical lidocaine, in the formulation of a dermal patch (Lidoderm®) has been designated for orphan status by the FDA for neuropathic pain. Lidoderm is also used off-label for diabetic neuropathy. No other commercially approved topical formulations of lidocaine (whether creams, lotions or gels) are indicated for neuropathic pain." Lidocaine is not recommended in topical cream formulation. As such, the request is not medically necessary and appropriate.