

<b>Case Number:</b>	CM13-0057627		
<b>Date Assigned:</b>	04/25/2014	<b>Date of Injury:</b>	02/14/1990
<b>Decision Date:</b>	06/11/2014	<b>UR Denial Date:</b>	11/12/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/25/2013

### 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 Occupational Medicine 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:

The patient is a 54 year-old male with date of injury 02/14/1990. The medical record associated with the request for authorization, dated 10/18/2013, lists subjective complaints as low back pain which radiates down the left leg with associated tingling and numbness of the foot. Patient states he has persistent left leg weakness, necessitating intermittent use of a cane. He also claims depression. Objective findings: Examination of the lumbar spine revealed tightness and tenderness of bilateral lumbar paraspinal musculature. Patient underwent an MRI of the lumbar spine on 10/17/2005 which showed a small central protrusion and a small central annular tear at L5-S1. Diagnosis: 1. Chronic low back pain 2. Lumbosacral disc injury 3. Chronic pain syndrome. The medical records provided for review document that the patient has been taking the following medications since at least as far back as 01/11/2013. Medications: Lidoderm, SIG: 2 topically G 24 hours, Daypro 600mg BID, Norco 10/325 #300, Valium 10mg #90, Trigger Point x4, and Prozac 60mg qd.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**LIDODERM 2 TOPICALLY Q 24 HRS QTY: 2.00:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines TOPICAL ANALGESICS Page(s): 111-112.

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

**Decision rationale:** The MTUS states that Lidoderm is 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. No other commercially approved topical formulations of lidocaine (whether creams, lotions or gels) are indicated for neuropathic pain. The patient is currently taking Prozac 60 mg q. day as first-line therapy for his chronic pain syndrome. It is assumed that the patient has been prescribed Lidoderm b.i.d. for his radicular pain in the legs. Lidoderm 2 Topically Q 24 hrs QTY: 2.00 are medically necessary.

**DAYPRO 600MG BID QTY: 60.00:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAID Page(s): 67-68.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 67-73.

**Decision rationale:** The MTUS recommends that NSAIDs be used at the lowest dose for the shortest period in patients with moderate to severe pain. Acetaminophen may be considered for initial therapy for patients with mild to moderate pain, and in particular, for those with gastrointestinal, cardiovascular or renovascular risk factors. The patient has been taking Daypro for at least a year. As stated above, NSAIDs should be used for the shortest period possible. Daypro 600MG BID QTY: 60.00 is not medically necessary.

**NORCO 10/325 #300 QTY: 300.00:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines WHEN TO CONTINUE OPIOIDS Page(s): 80.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 74-94.

**Decision rationale:** The Chronic Pain Medical Treatment Guidelines state that continued or long-term use of opioids should be based on documented pain relief and functional improvement or improved quality of life. Despite the long-term use of Norco, the patient has reported very little, if any, functional improvement or pain relief over the course of the last year. In addition, the previous utilization review authorized a weaning dose of Norco to allow the patient to withdraw slowly from the medication. Norco 10/325 #300 QTY: 300.00 is not medically necessary.

**VALIUM 10 MG #90 QTY: 90.00:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines BENZODIAZEPINES Page(s): 24.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 24.

**Decision rationale:** The MTUS states that benzodiazepines are not recommended for long-term use because long-term efficacy is unproven and there is a risk of dependence. Most guidelines limit use to 4 weeks. The patient has been taking Valium for at least a year. Valium 10 MG #90 QTY: 90.00 is not medically necessary.

**TRIGGER POINT X4 QTY: 4.00:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 122.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 122.

**Decision rationale:** The MTUS states that trigger point injections are recommended only for myofascial pain syndrome as indicated below, with limited lasting value and not recommended for radicular pain. The MTUS lists the following criteria for the use of Trigger point injections: Trigger point injections with a local anesthetic may be recommended for the treatment of chronic low back or neck pain with myofascial pain syndrome when all of the following criteria are met: (1) Documentation of circumscribed trigger points with evidence upon palpation of a twitch response as well as referred pain; (2) Symptoms have persisted for more than three months; (3) Medical management therapies such as ongoing stretching exercises, physical therapy, NSAIDs and muscle relaxants have failed to control pain; (4) Radiculopathy is not present (by exam, imaging, or neuro-testing); (5) Not more than 3-4 injections per session; (6) No repeat injections unless a greater than 50% pain relief is obtained for six weeks after an injection and there is documented evidence of functional improvement; (7) Frequency should not be at an interval less than two months; (8) Trigger point injections with any substance (e.g., saline or glucose) other than local anesthetic with or without steroid are not recommended. The patient's left leg pain is radicular in origin. The request for trigger point injections does not meet the above criteria. Trigger Point X4 QTY: 4.00 are not medically necessary.