

<b>Case Number:</b>	CM13-0072019		
<b>Date Assigned:</b>	04/04/2014	<b>Date of Injury:</b>	12/10/2011
<b>Decision Date:</b>	05/08/2014	<b>UR Denial Date:</b>	12/11/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/30/2013

### 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 Internal Medicine & Emergency Medicine and is licensed to practice in Florida. 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 42-year-old with a date of injury of December 10, 2011. A progress report dated November 27, 2013, states that the patient has complaints of neck and low back pain. Objective findings included tenderness to palpation and decreased range-of-motion of the cervical and lumbar spines. Motor function was normal. Diagnoses included lumbar radiculopathy, lumbar facet syndrome, and neck pain. Treatment has included chronic opioid therapy and 11 of 12 sessions of physical therapy at the time of request. There were noted improvements in standing and walking duration (3 hours to 6 hours). The patient has ongoing problems with lifting and is on modified duty.

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **LIDODERM PATCH 5% #30 AS PRESCRIBED ON 11.27.13: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Medical Treatment, Lidoderm (Lidocaine Patch) Page(s): 56-57. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Chronic Pain, Lidoderm.

**Decision rationale:** Lidoderm (lidocaine patch) is a topical anesthetic. According to the California MTUS Guidelines, topical lidocaine may be recommended for localized peripheral pain after there has been evidence of a trial of first-line therapy. This is not a first-line treatment and is only FDA approved for post-herpetic neuralgia. The Official Disability Guidelines (ODG) also state that Lidoderm is not recommended until after a trial of first-line therapy. Therefore, in this case, there is no documentation of the neuropathic component of the pain, failure of conventional first-line therapy, or documented functional improvement for the medical necessity of Lidoderm.

**NORCO 10-325MG #60 AS PRESCRIBED ON 11.27.13:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Medical Treatment Guidelines, Opioids Page(s): 76-20.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 308, Chronic Pain Treatment Guidelines Medical Treatment Guidelines Opioids Page(s): 74-96. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Opioids for Chronic Pain

**Decision rationale:** Norco 10/325 is a combination drug containing acetaminophen and the opioid hydrocodone. The California MTUS Chronic Pain Guidelines related to on-going treatment of opioids state that there should be documentation and ongoing review of pain relief, functional status, appropriate use, and side effects. Pain assessment should include current pain; the least reported pain over the period since last assessment; average pain; intensity of pain after taking the opioid state that there should be documentation and ongoing review of pain relief, functional status, appropriate use, and side effects. The guidelines note that a recent epidemiologic study found that opioid treatment for chronic non-malignant pain did not seem to fulfill any of the key outcome goals including pain relief, improved quality of life, and/or improved functional capacity. The Chronic Pain Guidelines also state that with chronic low back pain, opioid therapy appears to be efficacious but limited for short-term pain relief, and long-term efficacy is unclear (> 16 weeks), but also appears limited. Additionally, there is also no evidence that opioids showed long-term benefit or improvement in function when used as treatment for chronic back pain. The MTUS Guidelines further state that opioid therapy is not recommended for the low back beyond two weeks. The Official Disability Guidelines (ODG) state the while long-term opioid therapy may benefit some patients with severe suffering that has been refractory to other medical and psychological treatments, it is not generally effective achieving the original goals of complete pain relief and functional restoration. The patient has been on Norco in excess of 16 weeks. The documentation submitted lacked a number of the elements listed above, including the level of functional improvement afforded by the chronic opioid therapy. Therefore, the record does not demonstrate medical necessity for Norco.

**ADDITIONAL 6 SESSIONS OF PHYSICAL THERAPY TO CERVICAL SPINE AND LUMBAR SPINE:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Medical Treatment Guidelines, Physical Medicine Page(s): 98-99.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Medical Treatment, Physical Medicine Page(s): 98-99. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back, Physical Therapy

**Decision rationale:** The California MTUS Guidelines recommend physical therapy with the fading of treatment frequency associated with active therapies at home as an extension of the treatment process in order to maintain improvement levels. Specifically, for myalgia and myositis, 9-10 visits over 8 weeks. For neuralgia, neuritis, and radiculitis, 8-10 visits over 4 weeks. The Official Disability Guidelines (ODG) states that for lumbar sprains/strains and disc disease, 10 visits over 8 weeks is recommended. For lumbar radiculopathy, 10-12 visits over 8 weeks. The patient has received the Guideline recommended 12 previous sessions of physical therapy. An additional 6 sessions are requested (one-half of the original number of sessions). The record documents specific functional improvement measures from the prior sessions and the claimant is on modified duty. Therefore, in this case, the record does document the medical necessity for 6 additional physical therapy sessions.