

<b>Case Number:</b>	CM14-0001672		
<b>Date Assigned:</b>	01/17/2014	<b>Date of Injury:</b>	08/15/1996
<b>Decision Date:</b>	06/20/2014	<b>UR Denial Date:</b>	11/14/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/09/2013

### 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 and Rehabilitation, and Pain Medicine, and is licensed to practice in Texas and Ohio. 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 injured worker is a 51-year-old female who reported an injury on 8/15/96. The mechanism of injury was a repetitive twist injury. The clinical note dated 12/6/13 presented the injured worker with complaints of low back pain which is worse at the right sacral area. The injured worker reported pain radiated from the low back to the buttocks, to the hip area, and down to the right lower extremity to the knee. The injured worker's physical exam revealed tenderness to palpation of the facet joints to the lower back, with increased tenderness of the SI joint on the right compared to the left. The injured worker had noted weakness on the right dorsiflexion at 4/5, and a positive straight leg raise on the right with radicular pain to the knee. The injured worker was diagnosed with lumbar radiculitis, sacroiliac joint dysfunction (worse on the right than the left), short acting opiate, left shoulder impingement syndrome (nonindustrial), grief reaction, and continue stress reduction. The provider recommended Hydrocodone, Topiramate, methocarbamol, and Lidoderm 5% patch.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**HYDROCODONE/ACETAMINOPHEN:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: OPIOIDS- CRITERIA FOR USE, CHRONIC PAIN MEDICAL TREATMENT GUIDELINES,

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines Opioids Page(s): 74-95.

**Decision rationale:** The California MTUS guidelines recommend the use of opioids for the ongoing management of chronic low back pain. The guidelines recommend ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects should be evident. There is lack of evidence of an objective assessment of the injured worker's pain level, functional status, and evaluation of risk for aberrant drug use behavior and side effects. Furthermore, the request does not provide the total number of tablets requested or the dosage of the medication. As such, the request is not medically necessary.

**TOPIRAMATE:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: ANTI-EPILEPSY DRUGS (AEDs), CHRONIC PAIN MEDICAL TREATMENT GUIDELINES,

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines Other Antiepileptic Drugs Page(s): 21-22.

**Decision rationale:** The California MTUS Guidelines recommend Topiramate for use for neuropathic pain when other anticonvulsants fail. Topiramate has been shown to have variable efficacy, with failure to demonstrate efficacy in neuropathic pain of central etiology. There is a lack of evidence of an objective assessment of the injured worker's pain level and the efficacy of the medication as evidenced by significant objective functional improvement. Furthermore, the request does not indicate the quantity or the dosage of the medication. As such, the request is not medically necessary.

**METHOCARBAMOL:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: MUSCLE RELAXANTS FOR PAIN, CHRONIC PAIN MEDICAL TREATMENT GUIDELINES,

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines Muscle Relaxants for Pain Page(s): 63.

**Decision rationale:** The California MTUS Guidelines recommend non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbations. They show no benefit beyond NSAIDs in pain and overall improvement and efficacy appears to diminish over time. Prolonged use of some medications in this class may lead to dependence. The documentation lacked evidence of a complete and adequate pain assessment for the injured worker. The efficacy of the medication was as evidenced by significant objective functional improvement was unclear. Furthermore, the request does not indicate the quantity or the dose. As such, the request is not medically necessary.

**LIDODERM 5% PATCH:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: TOPICAL ANALGESICS, CHRONIC PAIN MEDICAL TREATMENT GUIDELINES,

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

**Decision rationale:** The California MTUS Guidelines recommend Lidoderm patches 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 postherpetic neuralgia. Other research is needed to recommend this treatment for chronic neuropathic pain disorders other than postherpetic neuralgia. Formulations that do not involve a dermal patch system are generally indicated as local anesthetic and antipyretics. There is a lack of evidence of a complete and adequate pain assessment within the medical documents included for the injured worker. The efficacy of the medication, as evidenced by significant objective functional improvement, was unclear. As such, the request is not medically necessary.