

<b>Case Number:</b>	CM14-0007286		
<b>Date Assigned:</b>	02/10/2014	<b>Date of Injury:</b>	07/19/2013
<b>Decision Date:</b>	07/07/2014	<b>UR Denial Date:</b>	01/03/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/20/2014

### 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 Orthopedic Surgery and is licensed to practice in Texas. 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 49 year old male who sustained an injury on 07/19/13 when he was working on a motor and stood up attempting to turn the engine on. There is complaints of pain in the low back as well as an injury to the lower extremities. Conservative treatment to date has included 6 sessions of physical therapy. The claimant was also being prescribed multiple medications to include Ibuprofen, Cyclobenzaprine, and Hydrocodone. The claimant was found not to be a surgical candidate. The claimant was seen on 10/28/13 with continuing complaints of low back pain radiating to the right lower extremity with numbness in the upper quadriceps area. On physical examination, the claimant was unable to perform heel and toe walking and demonstrated an antalgic gait secondary to reported severe hip pain. Straight leg raise testing was reported as positive at 75 degrees. The claimant was unable to perform Patrick's testing secondary to severe pain. No sensory loss or reflex changes were noted. Recommendations for treatment included physical therapy, the use of a lumbar brace, and further medications. The claimant returned for follow up on 11/18/13 with continuing complaints of pain in the right hip and right knee as well as the low back. No specific physical examination findings were noted. The claimant was still pending receipt of a lumbar brace. The follow up on 12/13/13 indicated the claimant had persistent complaints of pain in the right thigh and right hip without pain in the knee. The claimant was utilizing Vicodin and Flexeril at this visit and was still utilizing a cane. On physical examination, there were spasms present in the right lower extremity at the hip as well as spasms in the lumbar spine. Decreased range of motion was present. Positive tension signs were reported. Radiographs were requested for the hips and knees at this visit. The requested Percocet 10/325mg, quantity 100, Motrin 800mg, quantity 90, and Lidoderm patches, 1 box were all denied by utilization review on 01/03/14.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**PERCOCET 10/325MG 1-2 PO Q4-6 HOURS PRN # 100:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opiates, Criteria for Use Page(s): 88-89.

**Decision rationale:** In regards to the request for Percocet 10/325mg, quantity 100, the clinical documentation submitted for review does not establish any functional benefit or pain reduction obtained with the use of this medication. According to the MTUS Guidelines short acting narcotics recommend that there be evidence of functional improvement and pain reduction obtained with the use of this medication class to support ongoing use. In this case, medical records indicated that there is continued reports of severe pain that did not appear to be improved with the continuing use of Percocet. Additionally, the clinical documentation did not include any toxicology results or long term opioid risk assessments which would be appropriate for this medication per MTUS guidelines. Therefore, the request for Percocet 10/325mg 1-2 PO Q4-6 hours PRN # 100, is not medically necessary and appropriate.

**MOTRIN 800MG 1 PO TID #90:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs Page(s): 67-68.

**Decision rationale:** According to the MTUS guidelines, the chronic use of prescription NSAIDs is not recommended by current evidence based on MTUS guidelines as there is limited evidence regarding their efficacy as compared to standard over-the-counter medications for pain such as Tylenol. According to the MTUS guidelines, NSAIDs can be considered for the treatment of acute musculoskeletal pain secondary to injury or flare ups of chronic pain. In this case, there is no indication that the use of NSAIDs was for recent exacerbations of the claimant's known chronic pain. As such, the patient could have reasonably transitioned to an over-the-counter medication for pain. Therefore, the request for Morthi 800 mg 1 PO TID # 90 is not medically necessary and appropriate.

**LIDODERM PATCHES APPLY BID #1 BOX:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Lidoderm patches Page(s): 56.

**Decision rationale:** According to the MTUS Guidelines Lidoderm patches can be considered an option in the treatment of peripheral neuropathic symptoms when 1st line medications have failed. In this case, the employee does have objective and symptomatic findings consistent with peripheral neuropathic pain in the lower extremities; however, the clinical documentation did not indicate whether the employee had failed a reasonable trial of 1st line medications to address neuropathic pain such as antidepressants or anticonvulsants. As such, the request for Lidoderm Patches, apply BID # 1box is not medically necessary and appropriate.