

<b>Case Number:</b>	CM14-0007411		
<b>Date Assigned:</b>	04/07/2014	<b>Date of Injury:</b>	08/21/2007
<b>Decision Date:</b>	05/08/2014	<b>UR Denial Date:</b>	01/06/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/16/2014

### 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 Family Practice, 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 injured worker is a 71-year-old male who reported an injury on 08/21/2007. The mechanism of injury was not provided in the medical records. The 12/03/2013 clinical note reported a complaint of low back pain, bilateral lower extremities burning, and numbness with radiation down into the feet. The note reported the injured worker's pain was a 9/10 and he used Norco 2 to 3 times a day to manage his pain. The note stated the medication helped decrease his pain, increase his function such as walking distances and performing activities at home. On examination, he had antalgic gait with the use of a single point cane, tenderness to palpation of the lumbar paraspinals, decreased lumbar range of motion, and decreased sensation to the bilateral L4, L5, and S1 dermatomes. He also had 4/5 motor weakness to the bilateral tibialis anterior, exterior hallicus longus muscle, inversion, plantar flexion, and eversion. His lumbar MRI performed on 10/23/2012 revealed degenerative disc disease of the lumbar spine at L4-5 with mild to moderate canal and mild bilateral foraminal stenosis. He also had mild to moderate canal and bilateral foraminal stenosis at L3-4, mild canal and mild to moderate bilateral foraminal stenosis at L5-S1 and L2-3, mild to moderate bilateral foraminal stenosis with no canal stenosis at L1-2, and a probable left renal cyst measuring 2.4 x 1.5 cm. He was prescribed Norco 10/325 mg #90 max 3 per day and a trial of LidoPro cream to help him wean to 2 Norco per day.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**HYDROCODONE/APAP 10/325MG #90, 3 REFILLS:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines HYDROCODONE BITARTRATE AND ACETAMINOPHEN.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 78.

**Decision rationale:** California MTUS states ongoing monitoring of chronic pain patients on opioids must include documentation of pain relief, lack of side effects and misuse, and functional improvement. The documentation submitted states the injured worker has pain relief and functional improvements with the use of Norco; however, ongoing objective measurements via a VAS scale was not provided to support efficacy. Additionally, the documentation did not provide evidence of misuse via a drug screen or pill count and therefore lack of misuse cannot be determined. Given the above, the documentation does not meet guidelines. As such, the request is non-certified.

**LIDOPRO TOPICAL OINTMENT 4 OZ, 3 REFILLS:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical analgesics Page(s): 111-112.

**Decision rationale:** Lidopro is a combination of capsaicin, Lidocaine, menthol, and methyl salicylate. CA MTUS states Lidocaine and topical analgesics are indicated for neuropathic pain after there has been evidence of failed outcomes from first-line therapy anti-depressants or antiepileptics. The documentation submitted did not provide evidence of failed outcomes from first line therapy antidepressants or antiepileptics and therefore does not meet guideline requirements. As such, the request is non-certified.