

<b>Case Number:</b>	CM14-0100856		
<b>Date Assigned:</b>	09/16/2014	<b>Date of Injury:</b>	08/31/1999
<b>Decision Date:</b>	10/15/2014	<b>UR Denial Date:</b>	06/25/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/30/2014

### 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 Physical Medicine & Rehabilitation, 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 72 year-old female with a date of injury of 8/31/1999. The patient's industrially related diagnoses include post-lumbar laminectomy, lumbar radiculopathy, cervical radiculopathy, and low back pain. The disputed issues are Norco 5/325mg #30, Flector 1.3% Patch #30, and Lidoderm 5% Patch #30. A utilization review determination on 6/25/2014 had non-certified these requests. The stated rationale for the denial of Lidoderm patch was: "There was no documentation on physical examination of any specific objective neuropathic pain component occurring that would support the need for this particular medication. There was also no indication that this medication has helped to facilitate weaning and discontinuation of the other medications that are being prescribed." The stated rationale for the denial of Flector patch was: "The use of diclofenac containing products including Flector patch is not supported in the guideline criteria due to increased risk profile for various medical complications occurring and, with this patient being elderly, this would be also another factor for not prescribing this medication with the higher medical risk." Lastly, the request for Norco was denied because "there was no indication as to what specific overall functionality has been achieved with this particular medication as opposed to functionality without it. It is not clear why opioid weaning is not in the treatment plan, as the long-term use of opioids for chronic pain, particularly in the elderly population, is not supported in the guideline criteria."

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Lidoderm 5% patch #30:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Lidocaine; Topical Analgesics. Decision based on Non-MTUS Citation Official Disability Guidelines(ODG), Lidoderm

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 112-113.

**Decision rationale:** The Chronic Pain Medical Treatment Guidelines specify that topical Lidocaine is recommended for localized peripheral pain after there has been evidence of a trial of first-line therapy such as a tri-cyclic or SNRI anti-depressant or an anti-epilepsy drug such as Gabapentin or Lyrica. It states: "Topical lidocaine, in the formulation of a dermal patch (Lidoderm) has been designated for orphan status by the FDA for neuropathic pain. Lidoderm is also used off-label for diabetic neuropathy." Only FDA-approved products are currently recommended. In the progress report dated 6/12/2014, the treating physician diagnosed the injured worker with cervical and lumbar radiculopathy and documented positive findings on physical examination consistent with neurological dysfunction. The treating physician documented reduced motor strength, decreased sensation to light touch over the right L4-L5 lower extremity dermatomes, and decreased lower extremity reflexes. Furthermore, the treating physician documented that the injured worker tried Neurontin and Elavil but failed both due to negative side effects. Based on the guidelines referenced above, Lidoderm patch can be recommended in this case. Therefore, Lidoderm 5% patch #30 is medically necessary.

**Flector 1.3% patch #30:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical NSAIDs. Decision based on Non-MTUS Citation Official Disability Guidelines(ODG), Pain Chapter Flector patch

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical NSAIDs Page(s): 112. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: Physician Desk Reference: Flector 1.3% Patch

**Decision rationale:** Flector Patch is a topical (applied onto the skin) nonsteroidal anti-inflammatory drug (NSAID) indicated for the topical treatment of acute pain due to minor strains, sprains, and contusions. The Chronic Pain Medical Treatment Guidelines does not specifically address Flector Patch but does address topical NSAIDs. The guidelines state: "Topical NSAIDs have been shown in meta-analysis to be superior to placebo during the first 2 weeks of treatment for osteoarthritis, but either not afterward, or with a diminishing effect over another 2-week period. (Lin, 2004) (Bjordal, 2007) (Mason, 2004) When investigated specifically for osteoarthritis of the knee, topical NSAIDs have been shown to be superior to placebo for 4 to 12 weeks. In this study the effect appeared to diminish over time and it was stated that further research was required to determine if results were similar for all preparations. (Biswal, 2006) These medications may be useful for chronic musculoskeletal pain, but there are no long-term studies of their effectiveness or safety." Furthermore it states: "There is little evidence to utilize topical NSAIDs for treatment of osteoarthritis of the spine, hip, or shoulder.

Neuropathic pain: Not recommended as there is no evidence to support use."In the progress report dated 6/12/2014, the treating physician prescribed Flector Patch PRN for local pain relief. He states that topical medications were prescribed in order to minimize possible GI and neuromuscular complications as well as avoid upper GI bleed from the use of NSAIDs. However, the (Physician Desk Reference) PDR states that Flector Patch can cause ulcers and bleeding in the stomach and intestines at any time during treatment. The treating physician stated that since the injured worker had a "history of gastritis and GI irritation with previous NSAID medications, no NSAID medication was prescribed." Flector Patch has been prescribed since 3/20/2014 according to the available records; however, Flector Patch is only indicated for acute pain and for use is recommended for a short period of time. Based on the guidelines referenced, Flector 1.3% Patch #30 is not medically necessary.

**Norco 5/325mg #30:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 76-80.

**Decision rationale:** Norco is an opioid that is recommended for moderate to severe pain. With regard to the use of Norco, the California Chronic Pain Medical Treatment Guidelines states the following about on-going management with opioids: "Four domains have been proposed as most relevant for ongoing monitoring of chronic pain patients on opioids: pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant (or nonadherent) drug-related behaviors. These domains have been summarized as the "4 A's" (analgesia, activities of daily living, adverse side effects, and aberrant drug-taking behaviors). The monitoring of these outcomes over time should affect therapeutic decisions and provide a framework for documentation of the clinical use of these controlled drugs".In the progress report dated 6/12/2014, the treating physician documented pain relief with reduction in pain severity with the use of the medication compared to no medication. Adverse effect of drowsiness was documented however, not addressed. Regarding the evaluation for aberrant drug-taking behavior, the treating physician stated that no medication abuse was suspected. However, there was no documentation regarding objective functional improvement with the use of Norco. The treating physician states that active level remained the same. According to the guidelines, it is appropriate to discontinue opioids is if there is no functional improvement. Therefore, Norco 5/325mg #30 is not medically necessary at this time. Although Norco is not medically necessary at this time, since it is an opioid, it should not be abruptly halted and the requesting provider should start a weaning schedule as he or she sees fit.