

<b>Case Number:</b>	CM14-0106228		
<b>Date Assigned:</b>	07/30/2014	<b>Date of Injury:</b>	10/09/2006
<b>Decision Date:</b>	09/03/2014	<b>UR Denial Date:</b>	06/09/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/09/2014

### 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 Anesthesiology, has a subspecialty in Pain Management 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:

According to the records made available for review, this is a 61-year-old female with a 10/9/06 date of injury. At the time (5/15/14) of request for authorization for Norco 10/325MG #120 and Lidoderm Patches 5% #30, there is documentation of subjective (neck pain, low back pain radiating to the bilateral lower extremities, and bilateral shoulder pain rated as a 9 out of 10) and objective (decreased lumbar range of motion, decreased muscle strength in the L5 nerve root on the left side and in the S1 nerve root bilaterally, and decreased sensation in the L5 nerve distribution on the right side and in the S1 nerve distribution bilaterally) findings, current diagnoses (lumbar degenerative disc disease, status post lumbar fusion with bilateral lower extremity radiation of pain, right shoulder rotator cuff tear with impingement, and left shoulder partial rotator cuff tendon tear with impingement), and treatment to date (ongoing therapy with Norco and Neurontin since at least 2/11/14 with decrease in pain levels and increase in activities of daily living). In addition, medical report identifies a request for Lidoderm patches to apply to the lumbar spine and bilateral shoulders; and the presence of a narcotic drug agreement. Regarding Lidoderm Patches 5% #30, there is no documentation of evidence that a trial of first-line therapy (tri-cyclic or SNRI anti-depressants or an AED such as Gabapentin or Lyrica) has failed.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Norco 10/325MG #120:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioid Page(s): 74-82.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 74-80.

**Decision rationale:** MTUS Chronic Pain Medical Treatment Guidelines necessitate documentation that the prescriptions are from a single practitioner and are taken as directed; the lowest possible dose is being prescribed; and there will be ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects, as criteria necessary to support the medical necessity of opioids. MTUS-Definitions identifies that any treatment intervention should not be continued in the absence of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services. Within the medical information available for review, there is documentation of diagnoses of lumbar degenerative disc disease, status post lumbar fusion with bilateral lower extremity radiation of pain, right shoulder rotator cuff tear with impingement, and left shoulder partial rotator cuff tendon tear with impingement. In addition, given documentation of a narcotic drug agreement, there is documentation that the prescriptions are from a single practitioner and are taken as directed; the lowest possible dose is being prescribed; and there will be ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Furthermore, given documentation of ongoing treatment with Norco since at least 2/1/14 with decrease in pain levels and increase in activities of daily living, there is documentation of functional benefit or improvement as an increase in activity tolerance. Therefore, based on guidelines and a review of the evidence, the request for Norco 10/325MG #120 is medically necessary.

**Lidoderm Patches 5% #30:** Upheld

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

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

**Decision rationale:** MTUS Chronic Pain Medical Treatment Guidelines identifies documentation of neuropathic pain after there has been evidence that a trial of first-line therapy (tri-cyclic or SNRI anti-depressants or an AED such as Gabapentin or Lyrica) has failed, as criteria necessary to support the medical necessity of a lidocaine patch. Within the medical information available for review, there is documentation of diagnoses of lumbar degenerative disc disease, status post lumbar fusion with bilateral lower extremity radiation of pain, right shoulder rotator cuff tear with impingement, and left shoulder partial rotator cuff tendon tear with impingement. In addition, there is documentation of neuropathic pain. However, given documentation of ongoing treatment with Neurontin, there is no documentation of evidence that a trial of first-line therapy (tri-cyclic or SNRI anti-depressants or an AED such as Gabapentin or Lyrica) has failed. Therefore, based on guidelines and a review of the evidence, the request for Lidoderm Patches 5% #30 is not medically necessary.

