

<b>Case Number:</b>	CM14-0010683		
<b>Date Assigned:</b>	02/21/2014	<b>Date of Injury:</b>	07/16/2010
<b>Decision Date:</b>	07/22/2014	<b>UR Denial Date:</b>	01/16/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/27/2014

### 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 Neurology, has a subspecialty in Neurocritical Care 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 patient is a 44-year-old male with a 7/16/10 date of injury, when a tire exploded in the patient's face. On 12/11/13 the patient had complaints of neck and face pain, especially the right eye. There was some disfigurement noted. There were multiple scars on the nose, from the inner canthus of the left eye to the tip of the nose; another scar from the right nostril from the outer canthus on the right eye; and another scar mark on the right side of the upper lip, as well as dissymmetry of the face and eyes. In addition, there was pain in the right lateral epicondyle with deep palpation. Treatment plan discussed medication. Additional medical records from 11/13/13; 10/23/13; 10/16/13; 10/2/13; 9/18/13; 8/30/13; 3/21/13; 3/13/13.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**LIDODERM 5% CREAM 100GM #30:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 112.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES (ODG) PAIN CHAPTER; LIDODERM PATCH.

**Decision rationale:** Medical necessity for the requested Lidoderm patch is not established. This request obtained an adverse determination due to lack of documented evidence of a trial of first-line therapy (tri-cyclic or SNRI anti-depressants or an AED such as gabapentin or Lyrica). Within the context of this appeal, this issue was not addressed. It remains unclear if the patient has failed trials of Lyrica, antidepressants, or gabapentin. In addition, the patient has been prescribed Lidoderm for some time, however there is no discussion of efficacy, reduction of PO medication, or reduction in VAS scores. Recommend not medically necessary.

**NORCO 10/325MG #60:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 91.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 9792.24.2 Page(s): 79-81. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: Opioid Therapy for Chronic Pain Jane C. Ballantyne, M.D., and Jianren Mao, M.D., Ph.D. N Engl J Med 2003; 349:1943-1953 November 13, 2003 DOI: 10.1056/NEJMra025411 [http://www.americanpainsociety.org/uploads/pdfs/Opioid\\_Final\\_Evidence\\_Report.pdf](http://www.americanpainsociety.org/uploads/pdfs/Opioid_Final_Evidence_Report.pdf).

**Decision rationale:** The prior request was modified to Norco 10/325 mg #60 for a one month trial to establish efficacy, by documented reduction in VAS score and functional improvement. CA MTUS requires documentation of continued analgesia, continued functional benefit, a lack of adverse side effects, or aberrant behavior, as well as compliance with the use of urine drug screens and a pain contract. The prior modification is upheld. Multiple progress notes were reviewed and although the patient sustained significant injuries, there should be better documentation of chronic opioid management. There should be documentation of appropriate subjective and objective gains, ongoing review of the side effects, appropriate pain contract, and monitoring. Recommend medically necessary.