

<b>Case Number:</b>	CM14-0011840		
<b>Date Assigned:</b>	02/21/2014	<b>Date of Injury:</b>	06/02/2008
<b>Decision Date:</b>	06/26/2014	<b>UR Denial Date:</b>	01/20/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/29/2014

### 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 and 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 patient is a 70 y/o female DOI 6/2/2008. She has been diagnosed with chronic low back pain the most recent MRI revealing degenerative changes at L4-5 and L5-S1 with mild central and lateral stenosis. X-rays have shown an associated anterolisthesis also chronic knee and upper extremity pain. Surgery for the knee is a possibility. She has been treated with chiropractic and analgesic medications. She wishes to avoid surgery. She complains of pain 10/10 on each visit. She has been office dispensed Hydrocodone 5/375 # 45 tablets on a monthly basis (5/17/13, 6/25/13) and it is documented that she takes them a couple of times per week for pain relief and she is able to do more (no specific tasks are documented). She was dispensed #90 on 7/17/13, but it was documented on 8/06/13 that she was using it only about 1 time per week and the hydrocodone was not dispensed on that next visit. In addition, for many years she has been dispensed various compounded topical blends. No benefits are objectively documented secondary to the compounded topical blends.

### 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:** Overturned

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 110-113.

**Decision rationale:** For a long period of time the patient has been on #45 tabs of hydrocodone 5/325mg on a monthly basis. It is reported that she uses it a few times per week with benefits. The documentation of specific functional benefits is lacking, but with limited intermittent use it would be reasonable to accept a lesser documentation vs. if there was daily high dose opioid use. A review of the records reveals no evidence of misuse or accelerated use. She was dispensed #90 on 7/17/13, but this was not renewed the following month. As long as use remains at or is less than #45 tabs per month long term use is medically reasonable. Guidelines support the intermittent use of opioid analgesics if there is relief and no misuse. The opioid is only utilized intermittently for flare-ups. If there is accelerated dispensing of the opioid this would be a change in circumstances and a different conclusion may be warranted, but the stable use of up to #45 tabs per month appears reasonable.

**LIDOPRO TOPICAL OINTMENT 4OZ:** Upheld

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

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

**Decision rationale:** MTUS Guidelines are very specific on this issue. Only FDA approved lidocaine topicals are recommended i.e. Lidoderm. Lidopro is not FDA approved. In addition, the use of lidocaine is only recommended for neuropathic pain. The documentation does not support a diagnosis of neuropathic pain.