

<b>Case Number:</b>	CM14-0017122		
<b>Date Assigned:</b>	04/14/2014	<b>Date of Injury:</b>	11/17/2006
<b>Decision Date:</b>	06/30/2014	<b>UR Denial Date:</b>	01/27/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/11/2014

### 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 Medicine, 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:

chronic low back and leg pain. She had a diagnosis of lumbar disk with myelopathy and degenerative disks. She had undergone epidural steroid injections for pain relief. She had been taking Norco regularly since at least 2013 for pain management along with receiving, therapy and a traction unit. An exam report on January 14, 2014, the claimant received an epidural steroid injection after which she was noted to have some point tenderness in the lumbar region. She had been given Lidoderm patch 5 for pain the affected areas with two refills. An exam report on 3/20/14 indicated the claimant had 70% improvement when receiving epidural steroid injections. She had been taking Norco, Biofreeze, Lyrica and using a TENS (transcutaneous electrical nerve stimulation) unit for pain management. Her pain at the time was 6/10. Examination showed decreased range of motion of the lumbar spine. Neurologically she was intact. She was continued on her medication regimen.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**NORCO 10/325MG, #360:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines OPIOIDS- ON GOING MANAGEMENT.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NORCO Page(s): 74-92.

**Decision rationale:** Norco is a short acting opioid used for breakthrough pain. According to the Chronic Pain Medical Treatment Guidelines, norco is not indicated at 1st line therapy for neuropathic pain, and chronic back pain . It is not indicated for mechanical or compressive etiologies. It is recommended for a trial bases for short-term use. Long Term-use has not been supported by any trials. In this case, the claimant has been on Norco for a year with no noted improvement in pain scale. The claimant received more benefit from epidural injections. The continued use of Norco is not medically necessary. The request for Norco 10/325 mg, 360 count, is not medically necessary or appropriate.

**LIDODERM 5% PATCH, #90:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines LIDODERM (LIDOCAINE PATCH).

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

**Decision rationale:** has been evidence of a trial of first-line therapy (tri-cyclic or SNRI [serotonin-norepinephrine reuptake inhibitor] anti-depressants or an AED [anti-epileptic drug] such as gabapentin or Lyrica). 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. No other commercially approved topical formulations of lidocaine (whether creams, lotions or gels) are indicated for neuropathic pain. In this case, the claimant did not have neuropathic pain or diabetic neuropathy. In addition, no documentation of pain response was documented on subsequent visits. The use of Lidoderm 5% patch is not medically necessary. The request for Lidoderm 5% patches, ninety count, is not medically necessary or appropriate.