

<b>Case Number:</b>	CM14-0110559		
<b>Date Assigned:</b>	08/29/2014	<b>Date of Injury:</b>	03/01/2008
<b>Decision Date:</b>	09/25/2014	<b>UR Denial Date:</b>	06/16/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/15/2014

### 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 43-year-old female with a 3/1/08 date of injury, and status post right ulnar release 11/20/12. At the time (6/19/14) of request for authorization for Lidoderm 5% patch #1, Norco 10/325mg: 1 tab po qid prn pain #100 refill 0, and Temazepam 30mg #30 refill 0, there is documentation of subjective (bilateral lower neck pain) and objective (cervical and upper extremity ranges of motion restricted by pain in all directions, tenderness to palpation of the bilateral medial elbows at cubital tunnel, medial elbow positive Tinel's, positive cervical discogenic and upper extremity provocative maneuvers, tenderness at the lumbar paraspinals and bilateral L4-5 and L5-S1 facet joints, 4+/5 muscle strength in right wrist extensors, decreased sensation to the 4th and 5th digits of the right hand) findings, current diagnoses (status post fluoroscopically guided bilateral L4-5 and L5-S1 lumbar facet joint rhizotomy, bilateral lumbar facet joint pain at L4-5 and L5-S1, lumbar facet joint arthropathy, chronic right C7 radiculopathy, bilateral ulnar neuropathy across the elbow with positive findings on EMG with nerve conduction studies, bilateral ulnar neuritis/neuropathy, right cervical disc protrusion, cervical radiculopathy, cervical stenosis, cervical sprain/strain, right shoulder rotator cuff bursitis and impingement, repetitive upper extremity injury, bilateral epicondylitis, status post right ulnar nerve release, lumbar sprain/strain), and treatment to date (epidural steroid injection, medial branch blocks, and medications (including Lidoderm patches, Temazepam, and Norco since at least 12/13)). The 6/10/14 medical report identifies that Temazepam provides the patient with 4 more hours of sleep each night, with no adverse effects. In addition, the 6/10/14 medical report identifies that Lidoderm patch gives the patient 50% reduction of upper extremity neuropathic pain and that the patient has failed Neurontin, Nortriptyline, and Lyrica. Furthermore, 6/10/14 medical report identifies that long term opioid use treatment has been discussed with the patient. Regarding the requested Norco 10/325mg: 1

tab po qid prn pain #100 refill 0, there is no documentation that the lowest possible dose is being prescribed; and that there will be ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects; and functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications as a result of Norco use to date. Regarding the requested Temazepam 30mg #30 refill 0, there is no documentation of the intention to treat over a short course (less than 4 weeks).

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**Lidoderm 5% patch #1:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical analgesics.

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

**Decision rationale:** The 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. 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 status post fluoroscopically guided bilateral L4-5 and L5-S1 lumbar facet joint rhizotomy, bilateral lumbar facet joint pain at L4-5 and L5-S1, lumbar facet joint arthropathy, chronic right C7 radiculopathy, bilateral ulnar neuropathy across the elbow with positive findings on EMG with nerve conduction studies, bilateral ulnar neuritis/neuropathy, right cervical disc protrusion, cervical radiculopathy, cervical stenosis, cervical sprain/strain, right shoulder rotator cuff bursitis and impingement, repetitive upper extremity injury, bilateral epicondylitis, status post right ulnar nerve release, lumbar sprain/strain. In addition, there is documentation of neuropathic pain and that trial of first-line therapy (anti-depressants, gabapentin and Lyrica). In addition, given 6/10/14 medical's report documentation that Lidoderm patch gives the patient 50% reduction of upper extremity neuropathic pain, there is documentation of functional benefit or improvement as a result of Lidoderm 5% patch use to date. Therefore, based on guidelines and a review of the evidence, the request for Lidoderm 5% patch #1 is medically necessary.

**Norco 10/325mg: 1 tab po qid prn pain #100 refill 0:** Upheld

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

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

**Decision rationale:** The 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. The 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 status post fluoroscopically guided bilateral L4-5 and L5-S1 lumbar facet joint rhizotomy, bilateral lumbar facet joint pain at L4-5 and L5-S1, lumbar facet joint arthropathy, chronic right C7 radiculopathy, bilateral ulnar neuropathy across the elbow with positive findings on EMG with nerve conduction studies, bilateral ulnar neuritis/neuropathy, right cervical disc protrusion, cervical radiculopathy, cervical stenosis, cervical sprain/strain, right shoulder rotator cuff bursitis and impingement, repetitive upper extremity injury, bilateral epicondylitis, status post right ulnar nerve release, lumbar sprain/strain. In addition, given 6/10/14 medical's report documentation that long term opioid use treatment has been discussed with the patient, there is documentation that the prescriptions are from a single practitioner and are taken as directed. However, there is no documentation that the lowest possible dose is being prescribed; and that there will be ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. In addition, given medical records reflecting prescription for Norco since at least 12/13, there is no documentation 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 as a result of Norco use to date. Therefore, based on guidelines and a review of the evidence, the request for Norco 10/325mg: 1 tab po qid prn pain #100 is not medically necessary.

**Temazepam 30mg #30 refill 0:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines Page(s): 24.

**Decision rationale:** The MTUS Chronic Pain Medical Treatment Guidelines identifies that benzodiazepines are not recommended for long-term and that most guidelines limit use to 4 weeks. 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 status post fluoroscopically guided bilateral L4-5 and L5-S1 lumbar facet joint rhizotomy, bilateral lumbar

facet joint pain at L4-5 and L5-S1, lumbar facet joint arthropathy, chronic right C7 radiculopathy, bilateral ulnar neuropathy across the elbow with positive findings on EMG with nerve conduction studies, bilateral ulnar neuritis/neuropathy, right cervical disc protrusion, cervical radiculopathy, cervical stenosis, cervical sprain/strain, right shoulder rotator cuff bursitis and impingement, repetitive upper extremity injury, bilateral epicondylitis, status post right ulnar nerve release, lumbar sprain/strain. In addition, given 6/10/14 medical's report documentation that Temazepam provides the patient with 4 more hours of sleep each night, with no adverse effects, there is documentation of functional benefit or improvement as a result of Temazepam use to date. However, given medical records reflecting prescription for Temazepam since at least 12/13, there is no documentation of the intention to treat over a short course (less than 4 weeks). Therefore, based on guidelines and a review of the evidence, the request for Temazepam 30mg #30 is not medically necessary.