

<b>Case Number:</b>	CM14-0111091		
<b>Date Assigned:</b>	09/16/2014	<b>Date of Injury:</b>	04/15/2013
<b>Decision Date:</b>	10/15/2014	<b>UR Denial Date:</b>	07/09/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/16/2014

### 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 Neuromuscular Medicine and is licensed to practice in New Jersey. 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 50-year-old woman who sustained a work-related injury on April 15, 2013. Subsequently, she developed chronic neck, back, right shoulder, right wrist, and left wrist pain. An x-ray of the cervical spine dated July 29, 2013 showed reversal of the normal lordotic curvature and there was no fracture. X-ray of the thoracic spine dated August 16, 2013 showed scoliosis. No discrete fracture was identified. MRI of the right shoulder dated October 14, 2013 showed moderate supraspinatus tendinopathy and partial tear but no full thickness tear was noted. X-ray of the right and left wrist dated February 6, 2014 showed a normal examination. EMG/NCS of the bilateral upper extremities dated March 6, 2014 was normal. MRI of the cervical spine dated March 28, 2014 showed:- disc dessication at C2-3 down to C6-7.- Straightening of normal cericallordosis, which may be positinnal in nature or due to muscle spasm.- C4-5, C5-6, and C6-7: broad-based posterior disc herniation, which caused the stenosis of the spinal canal. MRI of the thoracic spine dated March 28, 2014 showed straightening of the normal thoracic kyphotic curvature, which might reflect an element of myospasm. MRI of the lumbar spine dated May 9, 2014 showed degenerative disc disease. Prior treatments included 13 sessions of acupuncture, 12 sessions of chiropractic therapy; electrical stimulation and heat; and physical therapy. The last 2 visits of acupuncture had not relieved the patient's pain. The patient also had steroid injection on the right shoulder on January 20, 2014 and March 21, 2014, which provided with 50% relief for about 2 weeks. Regarding medications, the patient is taking Norco, Naproxen, Omeprazole, LidoPro cream with some relief. The patient was prescribed Docuprene for opioid-induced constipation. According to a progress note dated July 7, 2014, the patient reported increased neck and back pain. Her physical examination revealed diffuse TTP of the cervical and lumbar spine with reduced range of motion. Upper extremity sensation is decreased in the right C5, C6, C7, and C8 dermatomes. Lower extremity sensation is decreased in the right

L3, L4, L5, and S1 dermatomes. Motor exam: deltoid, biceps, internal rotation, and external rotation are 4/5 bilaterally. Wrist extension, wrist flexion, triceps, interossei, finger flexion, and finger extension are 3/5 bilaterally. Psoas, quads, plantar flexion, and eversion are 4+/5 bilaterally. Hamstrings, tibialis anterior, EHL, and inversion are 5-/5 bilaterally. Biceps, brachioradialis, and triceps reflexes are normoreflexive bilaterally. Patellar and Achilles reflexes are hyperreflexive bilaterally. Spurling's test is positive bilaterally causing apin to the elbows. The patient was diagnosed with cervical HNP, cervical radiculopathy and lumbar radiculopathy, degenerative disc disease of the lumbar spine with retrolisthesis of L5 over S1, right shoulder arthralgia, and bilateral wrist arthralgia. The provider requested authorization for LidoPro Topical Ointment, and Hydrocodone/ APAP.

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

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

**LidoPro Topical Ointment 4 oz.: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): Pages: 105, 111-113.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111.

**Decision rationale:** According to MTUS, in Chronic Pain Medical Treatment guidelines section Topical Analgesics (page 111), topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. Many agents are combined to other pain medications for pain control. There is limited research to support the use of many of these agents. Furthermore, according to MTUS guidelines, any compounded product that contains at least one drug or drug class that is not recommended is not recommended. There is no documentation that the patient developed neuropathic pain. Lido Pro (capsaicin, menthol and methyl salicylate and lidocaine) contains capsaicin a topical analgesic and lidocaine not recommended by MTUS. Based on the above LidoPro Topical Ointment 4 oz is not medically necessary.

**Hydrocodone/ Apap 7.5/ 325 mg. # 90: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): Pages: 77, 78-80, 91, 124.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) < Criteria for use of opioids, page(s) 179.

**Decision rationale:** According to MTUS guidelines, Norco (Hydrocodone/Acetaminophen) is a synthetic opioid indicated for the pain management but not recommended as a first line oral analgesic. In addition and according to MTUS guidelines, ongoing use of opioids should follow specific rules:(a) Prescriptions from a single practitioner taken as directed, and all prescriptions

from a single pharmacy. (b) The lowest possible dose should be prescribed to improve pain and function. (c) Office: Ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Pain assessment should include: current pain; the least reported pain over the period since last assessment; average pain; intensity of pain after taking the opioid; how long it takes for pain relief; and how long pain relief lasts. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. Information from family members or other caregivers should be considered in determining the patient's response to treatment. The 4 A's for Ongoing Monitoring: Four domains have been proposed as most relevant for ongoing monitoring of chronic pain patients on opioids: pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant (or non-adherent) drug-related behaviors. These domains have been summarized as the "4 A's" (analgesia, activities of daily living, adverse side effects, and aberrant drug taking behaviors). The monitoring of these outcomes over time should affect therapeutic decisions and provide a framework. There is no documentation of functional and pain improvement with previous use of hydrocodone. There is no documentation of continuous compliance of patient to his medications. Therefore, the prescription of Hydrocodone/APAP 7.5/325 mg #90 is not medically necessary.