

<b>Case Number:</b>	CM14-0152403		
<b>Date Assigned:</b>	09/22/2014	<b>Date of Injury:</b>	06/30/2010
<b>Decision Date:</b>	10/24/2014	<b>UR Denial Date:</b>	09/12/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/18/2014

### 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 & Rehabilitation, has a subspecialty in Pain Medicine and is licensed to practice in Texas and Ohio. 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 injured worker is a 65-year-old male who reported an injury on 06/30/2010. The mechanism of injury was not provided. The injured worker's diagnoses included opioid dependence, chronic pain syndrome, lumbar postlaminectomy syndrome and low back pain. The injured worker's past treatments include medications and home exercise program. On the clinical note dated 09/30/2014, the injured worker complained of bilateral low back pain rated 6/10 to 7/10 currently, average pain 6/10, lowest pain 5/10, and worst pain 8/10. The injured worker had numbness and tingling in the right lower extremity and stiffness of low back. The injured worker's medications included Percocet 10/325 mg every 6 hours, Celebrex 200 mg daily, Dexilant 60 mg daily, Baclofen 10 mg as needed, and Lidoderm 5% apply up to 12 hours. The request was for Percocet 10/325 mg, Celebrex 200 mg, Dexilant 60 mg, Baclofen 10 mg and Lidoderm 55 (Note in file states Lidoderm 5%). Rationale for the request was continued medication therapy. Request for Authorization was submitted on 10/01/2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Percocet 10/325mg, QTY:120:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines OPIOID MANAGEMENT Page(s): 78.

**Decision rationale:** The request for Percocet 10/325mg, QTY: 120 is not medically necessary. The injured worker is diagnosed with opioid dependence, chronic pain syndrome, lumbar postlaminectomy syndrome, and low back pain. The injured worker complains of bilateral low back pain rated 5/10 to 8/10. The California MTUS Guidelines recommend an ongoing review of medications with the documentation of pain relief, functional status, appropriate medication use, and side effects. The guidelines recommend that opioids for chronic back pain be limited for short term pain relief not greater than 16 weeks. The requesting physician did not provide documentation of an adequate and complete assessment of the injured worker's pain. The documentation did not contain a recent urine drug screen or documentation of side effects. There is a lack of documentation that indicates the injured worker has decreased functional deficits. Additionally, the request does not indicate the frequency of the medication. As such, the request for Percocet 10/325mg, QTY: 120 is not medically necessary.

**Celebrex 200mg QTY: 30:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAID Page(s): 67-68.

**Decision rationale:** The request for Celebrex 200mg QTY: 30 is not medically necessary. The injured worker is diagnosed with low back pain, lumbar postlaminectomy syndrome, chronic pain syndrome, and opioid dependence. The injured worker complains of bilateral low back pain rated 5/10 to 8/10. California MTUS Guidelines recommend nonsteroidal anti-inflammatory drugs at the lowest dose for the shortest period in patients with moderate to severe pain. The guidelines state anti-inflammatories are the traditional first line of treatment, to reduce pain so activity and functional restoration can resume, but long term use may not be warranted. NSAIDs are recommended as an option for short term symptomatic relief for chronic low back pain. The injured worker's medical records lacked documentation of the efficacy of the medication, the timeframe of efficacy, the efficacy of functional status that the medication provides, and the pain rating pre and post medication. Additionally, the request does not indicate the frequency of the medication. As such, the request for Celebrex 200mg QTY: 30 is not medically necessary.

**Dexlant 60mg QTY: 30:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAID's.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines PPI Page(s): 68-69.

**Decision rationale:** The request for Dexllant 60mg QTY: 30 is not medically necessary. The injured worker is diagnosed with low back pain, lumbar postlaminectomy syndrome, chronic pain syndrome and opioid dependence. The injured worker complains of bilateral low back pain rated 5/10 to 8/10. The California MTUS Guidelines recommend the use of proton pump inhibitors with the use of NSAIDs if the patient is at high risk for gastrointestinal events. The injured worker's medical records lack documentation and history of peptic ulcer, GI bleeding, or perforation. The injured worker does not have any current gastrointestinal issues documented. Additionally, the request does not indicate the frequency of the medication. As such, the request for Dexllant 60mg QTY: 30 is not medically necessary.

**Lidoderm 55 QTY: 1:** Upheld

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

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

**Decision rationale:** The request for Lidoderm 55 QTY: 1 is not medically necessary. The injured worker is diagnosed with low back pain, lumbar postlaminectomy syndrome, chronic pain syndrome, and opioid dependency. The injured worker complains of bilateral low back pain rated 5/10 to 8/10. The California MTUS Guidelines state Lidoderm is a brand name for Lidocaine patch produced by [REDACTED]. Topical lidocaine may be recommended for localized peripheral pain after there has been evidence of a trial of first line therapy such as gabapentin or Lyrica. This is not a first line treatment and is only FDA approved for postherpetic neuralgia. Further research is needed to recommend this treatment for chronic neuropathic pain disorders other than postherpetic neuralgia. Formulations that do not involve a dermal patch system are generally indicated as local anesthetics and antipruritic. The injured worker's medical records indicated the prescribed dosage was Lidoderm 5%. The injured worker's medical records lack documentation of the efficacy of the medication, the timeframe of efficacy and the functional improvement that the medication provides. The requesting physician did not provide documentation of an adequate and complete assessment of the injured worker's pain. Additionally, the request did not indicate the frequency or the site of application of the medication. As such, the request for Lidoderm 55 QTY: 1 is not medically necessary.