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| <b>Case Number:</b>   | CM14-0174156 |                              |            |
| <b>Date Assigned:</b> | 10/27/2014   | <b>Date of Injury:</b>       | 09/09/2002 |
| <b>Decision Date:</b> | 12/12/2014   | <b>UR Denial Date:</b>       | 09/26/2014 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 10/21/2014 |

### 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 Occupational 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:

The applicant is a represented [REDACTED] who has filed a claim for chronic low back pain reportedly associated with an industrial injury of September 9, 2002. Thus far, the applicant has been treated with the following: Analgesic medications; unspecified amounts of physical therapy, myofascial release therapy, and massage therapy; opioid therapy; and earlier lumbar fusion surgery. In a Utilization Review Report dated September 26, 2014, the claims administrator approved requests for Pamelor, tramadol, and Celebrex while partially approving/modifying requests for Norco, Lidoderm patches, and cyclobenzaprine. The claims administrator stated that a partial approval of cyclobenzaprine was more compatible with the MTUS Guidelines. The claims administrator stated that Lidoderm patches had not afforded any meaningful benefit to date but nevertheless partially approved the same. Norco was apparently partially approved for weaning purposes on the grounds that the applicant had failed to effect any meaningful functional recovery with the same. The applicant's attorney subsequently appealed. In a September 17, 2014 progress note, the applicant reported 10/10 mid and low back pain. It was acknowledged that the applicant was not working. The attending provider then noted that the applicant stated that his medications and/or TENS units were beneficial but did not elaborate or expound upon the same. The applicant reportedly had inguinal hernia and knee pain, which were also bothering him. Motor function was intact. The applicant was asked to continue Celebrex, Flexeril, Lidoderm, Pamelor, and Norco. Permanent work restrictions were renewed. The applicant was asked to consult a general surgery for his hernia issues. It was acknowledged that the applicant was not working with permanent limitations in place. In an earlier note dated June 8, 2014, the applicant reported 9/10 mid and low back pain. It was acknowledged that the applicant was not working. It was again stated that the applicant's medications and TENS units were beneficial. In another section of the note, it was stated that the applicant felt that he was

"crippled" from a disability standpoint. Celebrex, Flexeril, Lidoderm, Pamelor, and Percocet were nevertheless endorsed owing to ongoing complaints of low back pain.

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

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

**Norco 10/325mg:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 93.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines When to Continue Opioids topic. Page(s): 80.

**Decision rationale:** As noted on page 80 of the MTUS Chronic Pain Medical Treatment Guidelines, the cardinal criteria for continuation of opioid therapy, include evidence of successful return to work, improved functioning, and/or reduced pain achieved as a result of the same. Here, however, the injured worker is off of work. The injured worker is no longer working with permanent limitations in place. The injured worker continues to report pain complaints as high as 9-10/10, despite ongoing Norco usage. The injured worker has himself indicated that he feels "crippled" from a functional perspective, despite ongoing usage of Norco. Therefore, the request is not medically necessary.

**Lidocaine 5% patch:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Lidocaine Section, Functional Restoration Approach to Chronic Pain Management section Pa.

**Decision rationale:** On page 112 of the MTUS Chronic Pain Medical Treatment Guidelines does acknowledge that the topical lidocaine is indicated in the treatment of localized peripheral pain/neuropathic pain in injured workers whom have been on a trial of first-line therapy with antidepressants and/or anticonvulsants. However, on page 7 of the MTUS Chronic Pain Medical Treatment Guidelines it is stated that attending provider should incorporate some discussion of medication efficacy into his choice of recommendations. The injured worker is no longer working. Ongoing usage of lidocaine patches has failed to curtail the injured worker's dependence on various opioids and non-opioid agents, including Norco, Pamelor, Flexeril, etc. All of the foregoing, taken together, suggests a lack of functional improvement as defined in MTUS 9792.20f, despite ongoing usage of Lidoderm patches. Therefore, the request is not medically necessary.

**Cyclobenzaprine 10mg:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine (Flexeril) Page(s): 41-42.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine Topic Page(s): 41.

**Decision rationale:** As noted on page 41 of the MTUS Chronic Pain Medical Treatment Guidelines, the addition of cyclobenzaprine to other agents is not recommended. The injured worker is using a variety of other agents, including Norco, Pamelor, Celebrex, etc. Therefore, based on the guidelines and the review of the medicals, this request is not medically necessary.