

<b>Case Number:</b>	CM14-0176049		
<b>Date Assigned:</b>	10/29/2014	<b>Date of Injury:</b>	08/05/2002
<b>Decision Date:</b>	12/10/2014	<b>UR Denial Date:</b>	10/07/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/23/2014

### 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:

There were 185 pages for this review. The application for independent medical review was signed on October 18, 2014. It was for Hydrocodone APAP and also Lidoderm patches. There was a utilization review from October 6, 2014. Per the records provided, the claimant was born on May 7, 1967. The injury was from 2002. The claimant is post a laminectomy syndrome. On September 24, 2014 the claimant continued to have low back pain and pain radiating to the left leg and to the posterior lateral thigh as well as the foot in an l5-s1 distribution. There was severe difficulty sitting for more than 15 minutes. The claimant had just finished acupuncture with good relief of mid back spasm and pain. The claimant was noted to take Vicodin with 40% relief of the low back pain without side effects, and she applied Lidoderm to the low back with moderate effect. Naprosyn was also provided and gave mild to moderate relief with neck and low back pain. The treatment plan included an epidural steroid injection and continued mental health treatment with Wellbutrin, Cymbalta and Valium and pain management with Naprosyn, hydrocodone and a Lidoderm patch.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Hydrocodone / APAP 5/325 mg # 30:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 88 of 127.

**Decision rationale:** In regards to the long term use of opiates, the MTUS poses several analytical questions such as has the diagnosis changed, what other medications is the patient taking, are they effective, producing side effects, what treatments have been attempted since the use of opioids, and what is the documentation of pain and functional improvement and compare to baseline. These are important issues, and they have not been addressed in this case. There especially is no documentation of functional improvement with the regimen. The need for long-term opiate usage is not medically established. Therefore the request is not medically necessary.

**Lidoderm patches 5% # 30:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 56 of 127.

**Decision rationale:** Lidoderm is the brand name for a 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 (tri-cyclic or SNRI anti-depressants or an AED such as Gabapentin or Lyrica). This is not a first-line treatment and is only FDA approved for post-herpetic neuralgia. It is not clear the patient had forms of neuralgia, and that other agents had been first used and exhausted. The MTUS notes that further research is needed to recommend this treatment for chronic neuropathic pain disorders other than post-herpetic neuralgia. The request was not appropriate under MTUS. The request is therefore not medically necessary.