

<b>Case Number:</b>	CM14-0179614		
<b>Date Assigned:</b>	11/04/2014	<b>Date of Injury:</b>	02/10/2008
<b>Decision Date:</b>	12/09/2014	<b>UR Denial Date:</b>	09/29/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/29/2014

### 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 and Rehabilitation 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 injured worker is a 55-year-old female who sustained an injury on 2/10/08. As per the 8/19/14 report, she presented complaining of an episode of low back pain that was increased and lasted for about a week, but got better and also had some cramping in the anterior thigh areas, which seemed to be worse at night. She had complaints of intermittent left L5 radiculopathy and lumbar degenerative disc disease. On examination she had a negative straight leg raise bilaterally and decreased sensation over the lateral aspect of the right lateral calf and the medial calf. She could do heel and toe walk without difficulty. Current medications include Atenolol, Micardis, Norco, Celebrex, GNP triple antibiotic plus ointment, Dyazide, Protonix, Lyrica, Vistaril, Lidoderm 5% patch, Vicodin, and Mobic. She has had epidurals in the past with good relief. She takes intermittent Norco and Lidoderm patches, which she appears to manage appropriately. She reported that the Lidoderm patches were recently switched to a generic brand, which does not seem to work as well and she gets more help from the brand name Lidoderm patches which last longer. Diagnoses include intermittent L5 radiculopathy and lumbar degenerative disc disease. The request for Lidoderm 5% patch (Lidocaine) apply 1 patch to tender muscle 12h on 12h off, Vistaril 25mg caps (Hydroxyzine Pamoate) 1 po w/ Percocet, Mobic 7.5mg tabs (Meloxicam) 1 po od, Vicodin 5/500mg tabs (Hydrocodone-Acetaminophen) 1 q6h prn pain (no quantity given) was denied on 9/29/14.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Lidoderm 5% patch (Lidocaine) apply 1 patch to tender muscle 12h on 12h off: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG (Official Disability Guidelines): Pain (Chronic)

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

**Decision rationale:** Per CA MTUS guidelines, topical lidocaine may be recommended for localized peripheral neuropathic pain after there has been evidence of a trial of first-line therapy. Lidoderm is not a first-line treatment and is only FDA approved for post-herpetic neuralgia. Further research is needed to recommend this treatment for chronic neuropathic pain disorders other than post-herpetic neuralgia. In this case, there is no diagnosis of post-herpetic neuralgia; any other applications are considered off-label. Therefore, the request is not medically necessary in accordance to guidelines.

**Vistaril 25mg caps (Hydroxyzine Parnoaate) 1 po w/ Percocet: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG (Official Disability Guidelines): Pain (Chronic)

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence Drugs.com

**Decision rationale:** The CA MTUS/ACOEM does not address the issue. Thus, Drugs.com was consulted. Vistaril (hydroxyzine) is used as a sedative to treat anxiety and tension and to treat allergic skin reactions. In this case however, there is no documentation of any allergic reactions and it appears that it is prescribed primarily to potentiate the effect of Percocet, which is considered off-label use. Therefore, the request is considered not medically necessary.

**Mobic 7.5mg tabs (Meloxicam) 1 po od: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG (Official Disability Guidelines): Pain (Chronic)

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

**Decision rationale:** Per CA MTUS, Mobic (Meloxicam) is a nonsteroidal anti-inflammatory drug (NSAID) for the relief of the signs and symptoms of osteoarthritis. According to the CA MTUS guidelines, "NSAIDs" is recommended as an option for short-term symptomatic relief. A Cochrane review of the literature on drug relief for low back pain (LBP) suggested that NSAIDs were no more effective than other drugs such as acetaminophen, narcotic analgesics, and muscle

relaxants. Furthermore, there is no documentation of osteoarthritis in this case and it is not clear how long the IW has been taking this medication. Moreover, the records also show that she has been taking Celebrex. Therefore, the request is not medically necessary according to the guidelines.

**Vicodin 5/500mg tabs (Dydrocodone-Acetaminophen) 1 q6h prn pain No quantity given:**  
Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG (Official Disability Guidelines): Pain (Chronic)

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 91.

**Decision rationale:** Vicodin (Hydrocodone + Acetaminophen) is indicated for moderate to severe pain. It is classified as short-acting opioids, often used for intermittent or breakthrough pain. Guidelines indicate "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. The guidelines state continuation of opioids is recommended if the patient has returned to work and if the patient has improved functioning and pain. In this case, there is no documentation of return to work or any significant improvement in pain level (i.e. VAS) or function with prior use to demonstrate the efficacy of this medication. Furthermore, concurrent multiple short-acting opioids is not recommended; long-acting opioids should be considered when continuous around the clock pain management is desired. The quantity has not been specified. Therefore, the medical necessity for Vicodin has not been established.