

<b>Case Number:</b>	CM14-0179812		
<b>Date Assigned:</b>	11/04/2014	<b>Date of Injury:</b>	09/18/2003
<b>Decision Date:</b>	12/26/2014	<b>UR Denial Date:</b>	10/15/2014
<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 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 54-year-old woman who sustained a work related injury on September 18, 2003. Subsequently, she developed chronic low back pain. According to the progress report dated October 14, 2014, the patient reported improved sleep as well as functional activities of daily living (ADLs) with increased dose of Duragesic to 75 mcg transdermal patch. The patient rated her pain as a 2/10. Examination of the lumbar spine revealed loss of lumbar lordosis. On palpation, there were focal tender points over the lower lumbar paraspinals without spasm. Range of motion was limited. Forward flexion was 20 degrees. Straight leg raise in the sitting position was 80 degrees bilaterally. Motor examination revealed normal tone and strength in both lower extremities with muscle strength at 4/5 at the hip, 5/5 at the knee and ankle. The patient was diagnosed with lumbar post laminectomy syndrome, chronic lumbar discogenic pain, chronic myofascial pain, and chronic pain related anxiety and insomnia. The provider requested authorization to use Fioricet with Codeine and Lidoderm patches.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Fioricet with Codeine #180:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Barbiturate-containing analgesic agents (BCAs) Page(s): 23.

**Decision rationale:** Fioricet is a Barbiturate-containing analgesic agents (BCAs). According to MTUS Chronic Pain Medical Treatment Guidelines, Barbiturate-containing analgesic agents (BCAs) are not recommended for chronic pain. The potential for drug dependence is high and no evidence exists to show a clinically important enhancement of analgesic efficacy of BCAs due to the barbiturate constituents. (McLean, 2000) There is a risk of medication overuse as well as rebound headache. (Friedman, 1987). There is no documentation of chronic headaches and no justification for long term use of Fioricet. Therefore, the prescription for Fioricet with Codeine #180 is not medically necessary.

**Lidoderm 5%/Transdermal Patch #30:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

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

**Decision rationale:** According to MTUS Chronic Pain Medical Treatment Guidelines, 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 anti-epilepsy drug such as Gabapentin). In this case, there is no documentation that the patient developed neuropathic pain that did not respond for first line therapy and the need for Lidoderm patch is unclear. Therefore, the prescription of Lidoderm patch 5% is not medically necessary.