

<b>Case Number:</b>	CM14-0184990		
<b>Date Assigned:</b>	11/12/2014	<b>Date of Injury:</b>	08/09/2012
<b>Decision Date:</b>	12/15/2014	<b>UR Denial Date:</b>	11/04/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/06/2014

### 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 Orthopedic Surgeon, has a subspecialty in Spine Surgeon 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:

According to the records made available for review, this is a 46-year-old male with an 8/9/14 date of injury. At the time (10/7/14) of request for authorization for Lidoderm 5% Patch (700 mg/patch) QTY: 180.00 and Norco 10/325mg 120.00 + 2 refills, there is documentation of subjective (low back and bilateral lower extremity pain) and objective (normal physical exam) findings, current diagnoses (lumbago and lumbar disc displacement), and treatment to date (medications (including ongoing treatment with Norco, Lyrica, Lidoderm patch, Sertraline, and Soma)). Medical report identifies a signed medication agreement for opioid therapy; and that the current medication regimen including opiate therapy allows the patient to achieve a higher degree of daily function. Regarding Lidoderm 5% Patch (700 mg/patch) QTY: 180.00, there is no documentation of neuropathic pain; that a trial of first-line therapy (SNRI anti-depressants and an AED) has failed; and functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications as a result of specific use of Lidoderm patch. Regarding Norco 10/325mg 120.00 + 2 refills, there is no documentation of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications as a result of specific use of Norco.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Lidoderm 5% Patch (700 mg/patch) QTY: 180.00: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Lidoderm (Lidocaine patch) Page(s): 56-57. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Web, Pain (chronic), Lidoderm (Lidocaine patch)

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Lidoderm (lidocaine patch) Page(s): 56-57. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: Title 8, California Code of Regulations, section 9792.20

**Decision rationale:** MTUS Chronic Pain Medical Treatment Guidelines identifies documentation of neuropathic pain after there has been evidence that a trial of first-line therapy (tri-cyclic or SNRI anti-depressants or an AED such as gabapentin or Lyrica) has failed, as criteria necessary to support the medical necessity of a Lidoderm patch. MTUS-Definitions identifies that any treatment intervention should not be continued in the absence of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services. Within the medical information available for review, there is documentation of diagnoses of lumbago and lumbar disc displacement. In addition, there is documentation of ongoing treatment with Lidoderm patch. However, despite documentation of pain, there is no (clear) documentation of neuropathic pain. In addition, given documentation of ongoing treatment with Sertraline and Lyrica, there is no documentation that a trial of first-line therapy (SNRI anti-depressants and Lyrica) has failed. Furthermore, despite documentation that the current medication regimen allows the patient to achieve a higher degree of daily function, there is no (clear) documentation of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications as a result of specific use of Lidoderm patch. Therefore, based on guidelines and a review of the evidence, the request for Lidoderm 5% Patch (700 mg/patch) QTY: 180.00 is not medically necessary.

**Norco 10/325mg 120.00 + 2 refills:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for Use of Opioids; and Hydrocodone/Acetaminophen Page(s).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-80. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: Title 8, California Code of Regulations, section 9792.20

**Decision rationale:** MTUS Chronic Pain Medical Treatment Guidelines necessitate documentation that the prescriptions are from a single practitioner and are taken as directed; the lowest possible dose is being prescribed; and there will be ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects, as criteria necessary to support the medical necessity of opioids. MTUS-Definitions identifies that any treatment intervention should not be continued in the absence of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services. Within the medical information available for review, there is documentation of diagnoses of lumbago and lumbar disc displacement. In addition, given

documentation of a signed medication agreement for opioid therapy, there is documentation that the prescriptions are from a single practitioner and are taken as directed; the lowest possible dose is being prescribed; and there will be ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. However, despite documentation that the current medication regimen including opiate therapy allows the patient to achieve a higher degree of daily function, there is no (clear) documentation of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications as a result of specific use of Norco. Therefore, based on guidelines and a review of the evidence, the request for Norco 10/325mg 120.00 + 2 refills is not medically necessary.