

<b>Case Number:</b>	CM14-0031061		
<b>Date Assigned:</b>	06/16/2014	<b>Date of Injury:</b>	07/22/2002
<b>Decision Date:</b>	07/21/2014	<b>UR Denial Date:</b>	02/28/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/12/2014

### 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] employee who has filed a claim for chronic low back pain reportedly associated with an industrial injury of July 22, 2002. Thus far, the applicant has been treated with the following: Analgesic medications; earlier lumbar disk replacement surgery in 2004; topical agents; adjuvant medications; and the apparent imposition of permanent work restrictions. In a February 26, 2014 utilization review report, the claims administrator approved a request for gabapentin, denied a request for Lidoderm patches, and denied continued usage of Hydrocodone to be used on an as-needed basis. Somewhat incongruously, the claims administrator suggested continuation of Gabapentin for neuropathic pain while denying hydrocodone owing to lack of perceived improvement with the same. The applicant's attorney subsequently appealed. An August 20, 2013 progress note was notable for comments that the applicant had persistent complaints of low back pain. The applicant reported sedation with Hydrocodone and stated that Motrin was ineffective. The applicant stated that Lidoderm was helping her sleep at night. The applicant's medication list included Zestril, Zocor, Lopressor, Lamictal, Lidoderm, Lortab, Motrin, and Ultram. The applicant's BMI was 34. The applicant was described as obese. The applicant was asked to continue Lidoderm and trial tramadol. On January 3, 2014, the applicant underwent an L5-S1 epidural steroid injection. In work status report dated February 18, 2014, the applicant was placed off of work. The applicant was having ongoing issues with low back pain radiating to the right leg, it was stated. It was stated that the epidural injection provided only fleeting relief and that the applicant was using hydrocodone as needed. The attending provider did state that Lidoderm patches were managing the applicant's pain complaints. The applicant was asked to continue home exercises and stretches while building up gabapentin to therapeutic levels. In an earlier note of November 15, 2013, the

applicant was described as having sedation with hydrocodone and nausea with tramadol. The applicant was reportedly doing basic stretches and exercises at home, it was suggested.

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

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

#### **LIDODERM 5% PATCH (LIDOCAINE) #30: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 112.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Lidocaine section Page(s): 112, 7.

**Decision rationale:** AAs noted on page 112 of the MTUS Chronic Pain Medical Treatment Guidelines, topical Lidoderm is indicated in the treatment of localized peripheral pain or neuropathic pain in applicants in whom there has been a trial of first-line therapeutic antidepressants and/or anticonvulsants. In this case, however, it appears that the applicant is in process of trialing an anticonvulsant medication, Gabapentin, effectively obviating the need for continued usage of Lidoderm patches in question. It is further noted that the applicant had seemingly used Lidoderm patches chronically despite the tepid two unfavorable MTUS recommendations and does not appear to have appreciably profited through ongoing usage of the same. The applicant does not appear to have returned to work. The applicant remains reliant on a variety of other analgesic and adjuvant medications, including Hydrocodone. Page 7 of the MTUS Chronic Pain Medical Treatment Guidelines suggests that the attending provider should incorporate some discussion of medication efficacy into his choice of recommendations. In this case, however, there has been no discussion of ongoing efficacy of Lidoderm. There is no clear evidence of functional improvement as defined in MTUS 9792.20f despite ongoing Lidoderm patch usage. The applicant is off of work. The applicant remains reliant on opioid therapy, both of which argue against functional improvement as defined in section 9792.20f despite ongoing usage of the same. Therefore, the request is not medically necessary.

#### **HYDROCODONE ON AN AS NEEDED BASIS: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 80.

**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 includes evidence of successful return to work, improved functioning, and/or reduced pain achieved as a result of the same. In this case, however, the applicant is off of work. The applicant's continues to report ongoing pain complaints despite ongoing Hydrocodone usage. There is no clear evidence of any

improvements in function achieved as a result of ongoing Hydrocodone usage. Therefore, the request is not medically necessary.