

<b>Case Number:</b>	CM14-0031663		
<b>Date Assigned:</b>	06/20/2014	<b>Date of Injury:</b>	06/15/2004
<b>Decision Date:</b>	07/17/2014	<b>UR Denial Date:</b>	02/24/2014
<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 Physical Medicine & 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 52-year-old male with a reported date of injury on 06/15/2004. The mechanism of injury was not provided within the documentation available for review. The injured worker presented with low back pain and left leg pain. The clinical documentation indicated the injured worker underwent left-sided L5-S1 lumbar epidural on 06/14/2013. The injured worker reported 75% relief for 2 months. Upon physical examination, the injured worker's lumbar spine revealed a minimal amount of tenderness with direct palpation to the paralumbar muscles, and positive right straight leg raise. Prior physical therapy or conservative care was not provided within the documentation available for review. The injured worker's diagnoses include chronic pain syndrome, sciatica, and lumbago. The injured worker's medication regimen included Norco, and Lidoderm patches. The Request for Authorization for Norco 10/325 mg #210 and Lidoderm 5% patch #30 with 1 refill was submitted on 03/12/2014. The rationale for the request was not provided with in the clinical information provided for review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Norco 10/325mg #210:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, On-going Management Page(s): 78.

**Decision rationale:** According to the California MTUS Guidelines, ongoing management of opioid use should include the ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. The clinical information provided for review indicates that the injured worker has utilized Norco prior to 03/13/2013. There is a lack of documentation of the ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. The clinical information provided for review lacks documentation of the injured worker's functional deficits. There is a lack of documentation related to the therapeutic benefit and long-term use of Norco. Therefore, the request for Norco 10/325 mg #210 is not medically necessary.

**Lidoderm 5% patch #30 with 1 refill:** Upheld

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

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

**Decision rationale:** The California MTUS Guidelines state that Lidoderm is the brand name for lidocaine patch. Topical lidocaine may be recommended for localized pain after there has been evidence of a first-line therapy. Lidoderm is not a first-line treatment and is only FDA approved for postherpetic neuralgia. Further research is needed to recommend this treatment for chronic neuropathic pain disorders other than postherpetic neuralgia. The documentation provided for review indicates that the injured worker has utilized Lidoderm patches prior to 03/2013. There is a lack of documentation of the therapeutic benefit in the ongoing utilization of Lidoderm patches. In addition, the guidelines only recommend Lidoderm patches for postherpetic neuralgia. Therefore, the request for Lidoderm 5% #30 with 1 refill is not medically necessary.