

<b>Case Number:</b>	CM14-0033642		
<b>Date Assigned:</b>	06/20/2014	<b>Date of Injury:</b>	11/20/2010
<b>Decision Date:</b>	07/18/2014	<b>UR Denial Date:</b>	02/19/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/17/2014

### 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 Anesthesiology, has a subspecialty in Pain Management 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 43-year-old male with an 11/20/10 date of injury. At the time (1/10/14) of request for authorization for Hydrocodone/APAP #90, Naproxen Sodium 550mg #120, and LidoPro lotion 4oz, there is documentation of subjective (chronic low back pain radiating to the right leg and foot with numbness, rated as a 7 out of 10, and difficulty sleeping due to pain) and objective (antalgic gait, diffuse tenderness to palpation over the lumbar spine, 4/5 strength of the right tibialis anterior, extensor hallucis longus, eversion, and inversion; and positive straight leg raise on the right) findings. The current diagnoses include lumbar disc herniation at L4-5 and L5-S1 with neural foraminal narrowing, bilateral L5 pars fractures, disc herniation of the cervical spine, and cervical stenosis. The treatment to date includes Hydrocodone/APAP, since at least 6/25/13 and ongoing therapy with Naproxen and LidoPro lotion, which decreased the pain level, increased the activity level at home. LidoPro allows for less oral medication intake. Regarding Hydrocodone/APAP #90, there is no 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.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**ONE (1) PRESCRIPTION OF HYDROCODONE/APAP #90: Upheld**

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

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

**Decision rationale:** The Chronic Pain Guidelines require 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. The MTUS-Definitions identify 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 lumbar disc herniation at L4-5 and L5-S1 with neural foraminal narrowing, bilateral L5 pars fractures, disc herniation of the cervical spine, and cervical stenosis. In addition, given the documentation of ongoing treatment with Hydrocodone/APAP with a decrease in pain level and increase in activity level, there is documentation of functional benefit or improvement as an increase in activity tolerance as a result of use of Hydrocodone/APAP. However, there is no 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. Therefore, based on guidelines and a review of the evidence, the request for Hydrocodone/APAP #90 is not medically necessary.

**ONE (1) PRESCRIPTION OF NAPROXEN SODIUM 550MG #120:** Overturned

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory drugs) Page(s): 67-68. Decision based on Non-MTUS Citation Title 8, California Code of Regulations.

**Decision rationale:** The Chronic Pain Guidelines identify documentation of moderate to severe osteoarthritis pain, acute low back pain, chronic low back pain, or exacerbations of chronic pain, as criteria necessary to support the medical necessity of non-steroidal anti-inflammatory drugs (NSAIDs). The MTUS-Definitions identify 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 lumbar disc herniation at L4-5 and L5-S1 with neural foraminal narrowing, bilateral L5 pars fractures, disc herniation of the cervical spine, and cervical stenosis. In addition, there is documentation of chronic low back pain. Furthermore, given documentation of ongoing treatment with Naproxen with decrease in pain level and increase in activity level, there is documentation of functional benefit or improvement as an increase in activity tolerance as a

result of use of Naproxen. Therefore, based on guidelines and a review of the evidence, the request for Naproxen Sodium 550mg #120 is medically necessary.

**ONE (1) PRESCRIPTION OF LIDOPRO LOTION 4OZ: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113. Decision based on Non-MTUS Citation Title 8, California Code of Regulations; and (<http://dailymed.nlm.nih.gov/dailymed/lookup.cfm?setid=ef3f3597-94b9-4865-b805-a84b224a207e>).

**Decision rationale:** An online source identifies LidoPro lotion as a compound medication consisting of Capsaicin 0.0325%, Lidocaine 4.5%, Menthol 10%, and Methyl Salicylate 27.5%. The Chronic Pain Guidelines identify that many agents are compounded as monotherapy or in combination for pain control; that ketoprofen, lidocaine (in creams, lotion or gels), capsaicin in a 0.0375% formulation, baclofen and other muscle relaxants, and gabapentin and other antiepilepsy drugs are not recommended for topical applications; and that any compounded product that contains at least one (1) drug (or drug class) that is not recommended, is not recommended. The MTUS-Definitions identify 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 lumbar disc herniation at L4-5 and L5-S1 with neural foraminal narrowing, bilateral L5 pars fractures, disc herniation of the cervical spine, and cervical stenosis. In addition, given documentation of ongoing treatment with LidoPro lotion with a decrease in pain level, an increase in activity level, and a decrease in oral medication intake, there is documentation of functional benefit or improvement as an increase in activity tolerance and a reduction in the use of medications as a result of use of LidoPro lotion. However, the requested LidoPro lotion contains at least one (1) drug (lidocaine) that is not recommended. Therefore, based on guidelines and a review of the evidence, the request for LidoPro lotion 4oz is not medically necessary.