MAXIMUS Federal Services

| Case Number: | CM14-0034930 | | |
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| Date Assigned: | 06/23/2014 | Date of Injury: | 05/13/2005 |
| Decision Date: | 07/22/2014 | UR Denial Date: | 02/20/2014 |
| Priority: | Standard | Application Received: | 03/20/2014 |

## 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 66-year-old male with a 5/13/05 date of injury. At the time (2/20/14) of request for authorization for Norco 10/325 mg #120 with 2 refills, Lidoderm 5% #60 with 2 refills, and Toradol injection, there is documentation of subjective (chronic back pain; same amount of pain and does not do much during the day) and objective (tender paraspinous areas in the lower back at L3,S1, and limited range of motion with pain) current diagnoses (chronic low back pain, radiculopathy left leg, and lumbosacral strain), and treatment to date (medications (including opioids (Lorcet), Toradol injections, Lidoderm patches 5% since at least 10/13). 2/19/14 medical report identifies a change from Lorcet to Norco, Lorcet no longer available. In addition, 2/19/14 medical report identifies a pain management contract. Regarding the requested Norco 10/325 mg #120 with 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 or medical services as a result of opioids use to date. Regarding the requested Lidoderm 5% #60 with 2 refills, there is no documentation that a trial of first-line therapy (tri-cyclic or SNRI anti-depressants or an AED such as gabapentin or Lyrica) has failed. Regarding the requested Toradol injection, there is no documentation of moderately severe acute pain that requires analgesia at the opioid level.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Norco 10/325 mg #120 with 2 refills:** 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 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 chronic low back pain, radiculopathy left leg, and lumbosacral strain. In addition, there is documentation of treatment to date including medications (including opioids (Lorcet) since at least 10/13), a change from Lorcet to Norco due to Lorcet no longer available, and a pain management contract. However, 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 or medical services as a result of opioid use to date. Therefore, based on guidelines and a review of the evidence, the request for Norco 10/325 mg #120 with 2 refills is not medically necessary.

**Lidoderm 5% #60 with 2 refills:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Guidelines Lidoderm (lidocaine patch) Page(s): page(s) 56-57.

**Decision rationale:** The 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 lidocaine patch. Within the medical information available for review, there is documentation of diagnoses of chronic low back pain, radiculopathy left leg, and lumbosacral strain. In addition, there is documentation of neuropathic pain. However, there is no documentation that a trial of first-line therapy (tri-cyclic or SNRI anti-depressants or an AED such as gabapentin or Lyrica) has failed. Therefore, based on guidelines and a review of the evidence, the request for Lidoderm 5% #60 with 2 refills is not medically necessary.

**Toradol injection:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, specific drug list & adverse effects Page(s): 72. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Ketorolac (Toradol), NSAIDs, specific drug list & adverse effects.

**Decision rationale:** The Chronic Pain Medical Treatment Guidelines identifies that ketorolac (Toradol) is not indicated for minor or chronic painful conditions. ODG support the oral form for short-term (up to 5 days) in management of moderately severe acute pain that requires analgesia at the opioid level and only as continuation following IV or IM dosing. Within the medical information available for review, there is documentation of diagnoses of low back pain, radiculopathy left leg, and lumbosacral strain. However, there is no documentation of moderately severe acute pain that requires analgesia at the opioid level. Therefore, based on guidelines and a review of the evidence, the request for Toradol injection is not medically necessary.