

<b>Case Number:</b>	CM14-0049243		
<b>Date Assigned:</b>	06/25/2014	<b>Date of Injury:</b>	03/26/2004
<b>Decision Date:</b>	07/25/2014	<b>UR Denial Date:</b>	03/21/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/24/2014

### 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 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 injured worker is a 57 year old male who sustained an injury on 03/26/04 when he tripped and fell twisting his low back. The injured worker developed complaints of low back pain radiating to the lower extremities. Prior treatment included chiropractic therapy. The injured worker utilized medications such as ibuprofen and analgesics. The injured worker was provided a Transcutaneous Electrical Nerve Stimulation (TENS) unit. The injured worker underwent lumbar fusion in 05/07. Post-operatively the injured worker was seen by treating physician for continuing complaints of low back pain with cramping sensations on the lower extremities primarily at the calves. Medications included Norco 10/325mg two to four tablets per day. The injured worker also previously utilized Lidoderm patches for peripheral pain which was beneficial and improved overall quality of life. The injured worker was seen by the same treating physician on 02/27/14. Per the record, the injured worker was utilizing Lidoderm patches to treat chronic low back pain. The injured worker also described continuing dyesthesia in the right thigh lateral aspect of the left calf and the lateral three toes of the left foot. Physical examination noted straight leg raise eliciting low back pain. There was dense hypoesthesia to light touch in the medial aspect of the right thigh and to a lesser degree along the lateral aspect of the left calf and left three last toes. Reflexes were trace to absent at the right knee and ankle as compared to the left side. The injured worker was recommended to continue with hydrocodone and Lidoderm patches at this visit. The requested hydrocodone 7.5/325mg #100 with two refills and Lidoderm patches #30 with two refills were denied by utilization review on 03/21/14.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Hydrocodone/APAP 7.5/325mg #100 with 2 refills:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Criteria Page(s): 88-89.

**Decision rationale:** In regards to the request for Hydrocodone 7.5/325mg quantity 100 with two refills, this reviewer would not have recommended this request as medically necessary. It is noted in the prior utilization review that this request was modified to a quantity of 75. This reviewer would agree with the prior utilization review as the prescription was excessive for the medication being prescribed for the medication being requested. Guidelines recommend that there be ongoing assessments to establish the efficacy of hydrocodone as a short acting narcotic including functional benefit and pain reduction. The amount of medications being requested would be excessive and the modified amount for a quantity of 75 was appropriate in this case. This reviewer would not have recommended this request as medically necessary as submitted.

**Lidoderm patches #30 with 2 refills:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Lidoderm Patches Page(s): 56,57.

**Decision rationale:** In regards to the request for Lidoderm patches quantity 30 with 2 refills, the clinical documentation submitted for review does not establish the clear efficacy of this medication. The clinical documentation is unclear where this injured worker is utilizing the Lidoderm patches. The most recent reports from treating physician indicated the injured worker was utilizing Lidoderm patches for chronic low back pain. It is unclear where the placement of these patches was occurring. There was limited clinical documentation of efficacy of this medication as recommended by guidelines. No specific visual analogue scale (VAS) scores or functional benefits were attributed to the use of Lidoderm patches that would support its ongoing use. As such this reviewer would not recommend this request as medically necessary.