

<b>Case Number:</b>	CM14-0055635		
<b>Date Assigned:</b>	07/09/2014	<b>Date of Injury:</b>	01/09/2008
<b>Decision Date:</b>	08/28/2014	<b>UR Denial Date:</b>	04/09/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/24/2014

### 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 Internal Medicine, and is licensed to practice in Arizona. 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:

This complainant is a sixty-year-old female who on January 9, 2008 fell back from a stool twisting her and sustaining injuries to her left shoulder, to her neck, thoracic and lumbar back. She was found to have multi-level degenerative disc disease, a sub-acute compression fracture at T-11, and possibly lumbar radiculopathy (not verified). She additionally suffers with depression. She has had physical therapy both in 2008 and 2011, epidural and sacroiliac injections. She has tried Gabapentin (did not help) and Serotonin-Norepinephrine Reuptake inhibitor (SNRI) (Pristiq). It is unclear why she did not remain on Pristiq. Her medications include hydrocodone 10 mg/ APAP 325 mg, Lidocaine patch and appointment. The physician has documented several times that the patient needs the Hydrocodone to help her function and that she gets 80% relief when she takes it. She has had a progression in her pain overtime. It was pure that she does not work. She was a preschool teacher and was not offered modified work. She has participated in a functional restoration program which ended in November 11, 2011 and a pain psychology program that ended September 2012. She exercises as much as her pain allows which consists of walking. A review of the record that starts in April 2013 indicates that she has been getting a quantity of 120 with each prescription, monthly from November 2013 until April 2014 when the records and she has been seen almost monthly. Prior to that it is unclear how frequently she obtained a prescription. There has been no abuse of her medications and it was stated that this patient was believable and reliable in her complaints. Additionally she has been on Lidocaine this entire time, initially with a patch. In a prescription for a Lidocaine ointment was added to the regimen. This outside medical review is to determine if a refill of Hydrocodone/Acetaminophen 10/325mg, quantity 120 and Lidocaine Ointment are warranted.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Hydrocodone 10mg-acetaminophen 325mg, 1 every 6 hours as needed, #120 (30 day supply) with 1 refill:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 82-88, 91. Decision based on Non-MTUS Citation (JBJS) Journal of Bone and Joint Surgery; Ann Inter Med (Annals of Internal Medicine) 2007; 146: 116-127; Official Disability Guidelines (ODG), Pain.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Pain Interventions & Treatments, Criteria for Use of Opioids, On-Going Management, page(s) Page(s): 78, 79.

**Decision rationale:** The MTUS addresses the Criteria for using Opioids and for ongoing maintenance with Opioids. It states that there should be documentation and ongoing review of pain relief, functional status, appropriate use, and side effects. Furthermore, there are 4 A's for ongoing monitoring: analgesia, activities of daily living, adverse side effects, and aberrant drug-taking behaviors. The monitoring of these outcomes over time should affect therapeutic decisions and provide a framework for documentation of the clinical use of these controlled drugs. This patient meets the criteria for being maintained on an opiate. She has appropriately been tried on a number of conservative treatments, and has been treated by experts who deal with chronic pain. There have been no concerns about any misuse or side effects and she has been closely followed by her physician. She has described the benefit she obtains not only in terms of pain relief, but also in terms of functional benefit. Thus, I am overturning the previous Non-certification of Hydrocodone and deeming the Hydrocodone/APAP 10/325mg #120/month as medically necessary.

**Lidocaine 5% topical ointment 59 Gm tube, apply 2-3 times per day, Qty 3 with 1 refill:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 117-118.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Pain Interventions & Treatments, Topical Analgesics Page(s): 111-112.

**Decision rationale:** Lidocaine has been found to be helpful for localized peripheral pain, but only after a first-line therapy has been tried. This includes medications such as a tricyclic or Serotonin-Norepinephrine Reuptake Inhibitor (SNRI) anti-depressant or an Anti-Epileptic (AE) medication such as Gabapentin or Lyrica. Furthermore, the only Lidocaine formulation recommended is a dermal patch and has an off-label indication for diabetic neuropathy. An SNRI and AE were both tried. However, the Lidocaine gel does not have an indication for radicular back pain; thus is not medically necessary for this patient.