

<b>Case Number:</b>	CM14-0066876		
<b>Date Assigned:</b>	07/11/2014	<b>Date of Injury:</b>	03/07/2003
<b>Decision Date:</b>	09/16/2014	<b>UR Denial Date:</b>	04/16/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/12/2014

### 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 Anesthesiology, has a subspecialty in Pain Medicine and is licensed to practice in Texas. 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 69 year old male who had a work related injury on 03/07/03. While working he sustained an injury to his back when he and two other individuals lifted a drum of orange concentrate that had fallen over. The weight of the drum and contents was about 600 pounds. The injured worker was bent over, trying to pull the drum upwards. He noticed sharp back pain and had leg pain. The injured worker underwent surgery of his low back had L4 and L5 decompression and bilateral root decompression L4 to L5 and S1. The patient was seen on 04/02/14 he was noted that he continued to suffer from chronic low back pain from lumbosacral degenerative discs and post laminectomy syndrome. Past use of Norco allowed the patient to be able to take care of own activities of daily living and participate in family functions. He was alert and oriented, had appropriate affect, was not under acute distress and walked with a cane. Prior utilization review on 04/16/14 for Norco 10/325 milligrams and Lidoderm patch 5 percent was noncertified. Clinical documentation submitted for review was from 08/2005.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Norco 10/325mg #372 with 3 refills:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines opioid's Page(s): 74-80.

**Decision rationale:** Current evidenced based guidelines indicate patients must demonstrate functional improvement in addition to appropriate documentation of ongoing pain relief to warrant the continued use of narcotic medications. There is insufficient documentation regarding the functional benefits and functional improvement obtained with the continued use of narcotic medications. Documentation does not indicate a significant decrease in pain scores with the use of medications. Therefore medical necessity has not been established. However, these medications cannot be abruptly discontinued due to withdrawal symptoms, and medications should only be changed by the prescribing physician.

**Lidoderm patch 5%, #30 with 3 refills:** Upheld

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

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

**Decision rationale:** As noted in the Chronic Pain Medical Treatment Guidelines, the safety and efficacy of compounded medications has not been established through rigorous clinical trials. Lidoderm is recommended for a trial if there is evidence of localized pain that is consistent with a neuropathic etiology. There should be evidence of a trial of first line neuropathy medications (tricyclic or serotonin norepinephrine reuptake inhibitors antidepressants or an antiepileptic drugs such as Gabapentin or Lyrica). Lidoderm is not generally recommended for treatment of osteoarthritis or treatment of myofascial pain or trigger points. Therefore this compound cannot be recommended as medically necessary as it does not meet established and accepted medical guidelines.