

<b>Case Number:</b>	CM14-0073821		
<b>Date Assigned:</b>	07/16/2014	<b>Date of Injury:</b>	02/22/2006
<b>Decision Date:</b>	08/14/2014	<b>UR Denial Date:</b>	05/06/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/21/2014

### 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 Physical Medicine & Rehabilitation, has a subspecialty in Interventional Spine, 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 patient is a 54-year-old female with date of injury of 02/22/2006. The listed diagnoses per [REDACTED], dated 03/03/2014, are: 1. Lumbar disk with radiculitis. 2. Degeneration of the lumbar disk. 3. Lumbar post laminectomy syndrome. 4. Reflex sympathetic dystrophy of the lower limb. 5. Right lumbar radiculopathy; right L4-L5 and L5-S1 discectomy, foraminotomy, laminectomy. 6. Major depressive disorder. According to this report, the patient complains of neck, low back, and bilateral lower extremity pain. The patient is status post right L4-L5 and L5-S1 laminectomy from 2006. She rates her pain 9/10 today. She has developed pain in the neck and upper back/ shoulders for the last couple of months. She reports tightness, burning, and soreness with radiating symptoms from the neck to the shoulders and upper back. The medications continue to provide adequate analgesia. The patient's current list of medications include naproxen 500 mg, Vicodin 300 mg, Diazepam 10 mg, Lidoderm patches 5%, trazodone 50 mg, Colace sodium 100 mg, senna 8.6 mg, omeprazole 20 mg, gabapentin 100 mg, and OxyContin 10 mg. The physical exam shows the patient is well groomed, in no acute distress. Her gait is antalgic. She uses a cane to ambulate. Lumbar spine is restricted in all planes with increased pain. Muscle guarding is also noted. Cervical range of motion is moderately decreased in flexion, extension, lateral rotation, and lateral bending with increase in concordant pain in all planes. Motor strength is 5/5 in the bilateral extremities. Sensation is normal in the bilateral upper extremities. She has multiple trigger points across the trapezius, rhomboids, and supraspinatus muscles. The utilization review denied the request on 05/06/2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Lidoderm patches 5% #30: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Lidoderm (lidocaine patch) Page(s): 56-57. Decision based on Non-MTUS Citation Official Disability Guidelines: Pain Chapter; Lidoderm Patches, Criteria for use of Lidoderm patches.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines MTUS has the following regarding lidoderm patches: (MTUS 56,57).

**Decision rationale:** This patient presents with neck, low back, and bilateral lower extremity pain. The patient is status post right L4-L5 and L5-S1 laminectomy from 2006. The treater is requesting Lidoderm patches 5% quantity #30. The MTUS Guidelines page 56 and 57 on Lidoderm patches states that topical lidocaine may be recommended for localized peripheral pain after there has been evidence of a trial of first line treatment (tricyclic, SNRI, antidepressants, or AED such as gabapentin or Lyrica). This is not a first-line treatment and is only FDA approved for post-herpetic neuralgia. This localized peripheral pain refers to neuropathic pain. The records show that the patient has used Lidoderm patches since 09/13/2013. The patient does present with neuropathic but the treater does not specify what condition this patch is being used for. Furthermore, radicular symptoms are not localized neuropathic peripheral pain. Although the treater states, the medications continue to provide analgesia, the use of Lidoderm patches are not indicated for spinal pain, nor diffuse radicular symptoms. The request is not medically necessary.

**Cyclobenzaprine 7.5mg #90: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants Page(s): 63.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines MTUS Page(s): 64.

**Decision rationale:** This patient presents with neck, low back, and bilateral lower extremity pain. The treater is requesting cyclobenzaprine 7.5 mg quantity #90. The MTUS Guidelines page 64 recommends cyclobenzaprine as a short course therapy with limited mixed evidence. Cyclobenzaprine is a skeletal muscle relaxant and central nervous system depressant with similar effects to tricyclic antidepressants. The records show that the patient has not trialed cyclobenzaprine in the past. The progress report dated 03/03/2014 documents no recent changes in the patient's condition including no changes in the frequency, duration, severity, or location of the pain since her last visit. In this case, while a trial of cyclobenzaprine would be appropriate, the quantity requested by the treater exceeds the 2- to 3-week recommendation of MTUS. The request is not medically necessary.

**Hydrocodone/APAP 10/325mg #120: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Analgesic treatment, On-Going Management Page(s): 79-81. Decision based on Non-MTUS Citation Opioid Treatment Guidelines from the American Pain Society and the American Academy of Pain Medicine, in addition to various articles (see Dr. Ballanlyne and Dr. Mao's review article from the New England Journal of Medicine).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines MTUS Page(s): 78.

**Decision rationale:** This patient presents with neck, low back, and bilateral lower extremity pain. The treater is requesting hydrocodone/APAP 10/325 mg quantity #120. For chronic opiate use, the MTUS Guidelines require specific documentations regarding pain and function. Page 78 of the MTUS requires pain assessment that requires current pain; the least reported pain over the period since last assessment; average pain; intensity of pain after taking the opioids; how long it takes for pain relief; how long pain relief lasts. Furthermore the 4 A's for ongoing monitoring are required which includes: Analgesia, ADLs, adverse side effects, and aberrant drug-seeking behavior. The records show that the patient has utilized Vicodin in the past. The treater documents medication efficacy stating, the medications continue to provide adequate analgesia. However, none of the 106 pages of records provided pain assessment using a numerical scale, outcome measures, and documentation of aberrant drug-seeking behavior. Other than the statement above, none of the reports provided current pain, least reported pain, adverse side effects, and aberrant drug-seeking behavior, etc. Given the lack of functional improvement while using hydrocodone/APAP, the request is not medically necessary.