

<b>Case Number:</b>	CM14-0081675		
<b>Date Assigned:</b>	07/18/2014	<b>Date of Injury:</b>	10/08/2012
<b>Decision Date:</b>	09/17/2014	<b>UR Denial Date:</b>	05/02/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/02/2014

### 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 Occupational 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:

According to the records made available for review, this is a 47-year-old male with a 10/8/12 date of injury. At the time (1/22/14) of request for authorization for Hydrocodone/Acetaminophen 5-325 mg, 90 tablets, Amitriptyline HCL, 10 mg, 60 tablets, and LidoPro Topical Ointment, 4 oz, QTY: 1.00, there is documentation of subjective (severe low back pain, aching pain in mid and lower back rated 8/10, aching, numbness, and tingling on right lower extremity that radiates down to his feet) and objective (tenderness to palpation L5-S1 midline, left paraspinal region L5-S1, and left sciatic notch, range of motion of lumbar spine significantly limited in all planes, diminished sensation to light touch and pinprick in left L4, L5, and S1 dermatomes, 4+/5 motor strength of left psoas, quadriceps, 4-/5 left hamstring, 3+/5 left tibialis anterior, extensor hallucis longus, inversion, plantar flexion, eversion, reflexes diminished in bilateral patella and Achilles, and straight leg raise positive on left at 30 degrees with pain radiating to the foot) findings, current diagnoses (lumbar spine disc extrusion L5-S1 with severe left-sided stenosis and lumbar spine radiculopathy), and treatment to date (medications (including Norco which helps decrease pain and increase his ability to function and LidoPro which temporarily relieves pain and allows him to take less oral medication)). Regarding Hydrocodone/Acetaminophen, 5-325 mg, 90 tablets, there is no documentation that the prescriptions are from a single practitioner and are taken as directed; the lowest possible dose is being prescribed; there will be ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Hydrocodone/Acetaminophen, 5-325 mg, 90 tablets:** Upheld

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

**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 lumbar spine disc extrusion L5-S1 with severe left-sided stenosis and lumbar spine radiculopathy. In addition, given documentation of decreased pain and increased ability to function with Norco, there is documentation of functional benefit and improvement as an increase in activity tolerance as a result of Hydrocodone/Acetaminophen use to date. However, there is no documentation that the prescriptions are from a single practitioner and are taken as directed; the lowest possible dose is being prescribed; there will be ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Therefore, based on guidelines and a review of the evidence, the request for Hydrocodone/Acetaminophen, 5-325 mg, 90 tablets is not medically necessary.

**Amitriptyline HCL, 10 mg, 60 tablets:** Overturned

**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 Antidepressants for chronic pain Page(s): 13-14. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence.

**Decision rationale:** MTUS Chronic Pain Medical Treatment Guidelines identifies documentation of chronic pain, as criteria necessary to support the medical necessity of antidepressants. In addition, MTUS Chronic Pain Medical Treatment Guidelines identifies tricyclic antidepressants as first-line agent unless they are ineffective, poorly tolerated, or contraindicated. 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 lumbar spine disc extrusion L5-S1 with severe left-sided stenosis and lumbar spine radiculopathy. In addition, there is documentation of chronic pain. Therefore, based on

guidelines and a review of the evidence, the request for Amitriptyline HCL, 10 mg, 60 tablets are medically necessary.

**LidoPro Topical Ointment, 4 oz, quantity: 1.00:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 11-113, 13, 74-96.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: [drugs.com/sfx/lidopro-side-effects](https://www.drugs.com/sfx/lidopro-side-effects).

**Decision rationale:** An online search identifies that LidoPro contains capsaicin / lidocaine / menthol / methyl salicylate topical. MTUS Chronic Pain Medical Treatment Guidelines identifies that many agents are compounded as monotherapy or in combination for pain control; that ketoprofen, lidocaine (in creams, lotion or gels), capsaicin in a 0.0375% formulation, baclofen and other muscle relaxants, and gabapentin and other antiepilepsy drugs are not recommended for topical applications; and that any compounded product that contains at least one drug (or drug class) that is not recommended, is not recommended. Within the medical information available for review, there is documentation of diagnoses of lumbar spine disc extrusion L5-S1 with severe left-sided stenosis and lumbar spine radiculopathy. However, the requested LidoPro Topical Ointment, 4 oz, qty: 1.00 contains at least one drug (Lidocaine) that is not recommended. Therefore, based on guidelines and a review of the evidence, the request for LidoPro Topical Ointment, 4 oz, qty 1.00 is not medically necessary.