

<b>Case Number:</b>	CM14-0084959		
<b>Date Assigned:</b>	07/23/2014	<b>Date of Injury:</b>	02/19/1998
<b>Decision Date:</b>	09/18/2014	<b>UR Denial Date:</b>	05/09/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/06/2014

### 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 and Rehabilitation, 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 54-year-old female who reported an injury on 02/19/1998 caused by an unspecified mechanism. Injured worker's treatment history included medications, MRI, and surgery. The injured worker was evaluated on 04/08/2014 and it was documented that she rated her overall improvement to date at 0%. She reported a VAS sensory of 4.5 with an affective component of 4.5. She stated that her mood, activities and sleep were all the same. The injured worker reported that she found that Lidoderm patches offered her 75% improvement of her neck and upper extremity symptoms at night and now allowed her improvement of sleep from 1 to 4 hours. She reported that pain medications also offered her the ability to function socially with family and perform activities of daily living, including shopping and meetings with friends. Physical examination revealed the injured worker walked with a cane. She ambulated with hesitant gait and slowly, but demonstrated minimal pain. Medications included Lidoderm, Dilaudid, Methadone, Norco, Topamax, Baclofen, Docusate, Senna, Benadryl, Lasix, Carafate, AcipHex, aspirin, K-Dur, Triamterene, Diltiazem, Hydrochlorothiazide, Estradiol, nasal spray, and Liquigel eye drops. Diagnoses included failed neck surgery syndrome with bilateral upper extremity/cervical neuropathic pain, consider complex regional pain syndrome neck and bilateral upper extremities, and lumbar degenerative disc disease. The Request for Authorization or rationale was not submitted for this review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**NORCO 10/325 MG #30:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use Page(s): 78.

**Decision rationale:** MTUS Guidelines state that criteria for use and for ongoing management of opioids include ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. There was a lack of evidence of opioid medication management and average pain, intensity of pain, or longevity of pain relief for the injured worker. There was no urine drug screen submitted for opioid compliance. There was a lack of documentation of long-term functional improvement goals for the injured worker. In addition, the request does not include the frequency or duration of medication. Given the above, the request for Norco 10/325 mg # 30 is not medically necessary.

**BACLOFEN 10 MG #30:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants & Baclofen Page(s): 63-64.

**Decision rationale:** Chronic Pain Medical Guidelines recommend non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic low back pain (LBP). However, in most LBP cases, they show no benefit beyond nonsteroidal anti-inflammatory drugs (NSAIDs) in pain and overall improvement. Also there is no additional benefit shown in combination with NSAIDs. Efficacy appears to diminish over time, and prolonged use of some medications in this class may lead to dependence. Sedation is the most commonly reported adverse effect of muscle relaxant medications. These drugs should be used with caution in patients driving motor vehicles or operating heavy machinery. Baclofen is recommended orally for the treatment of spasticity and muscle spasm related to multiple sclerosis and spinal cord injuries. Baclofen has been noted to have benefits for treating lancinating, paroxysmal neuropathic pain (trigeminal neuralgia, non- FDA approved). Side effects include sedation, dizziness, weakness, hypotension, nausea, respiratory depression and constipation. This drug should not be discontinued abruptly (withdrawal includes the risk of hallucinations and seizures). Use with caution in patients with renal and liver impairment. The documentation submitted for review failed to indicate how long the injured worker has been taking Baclofen and outcome measurements while on the medication. In addition, the documents submitted failed to indicate the injured worker's conservative outcome measurements such as physical therapy or long-term functional goals for the injured worker. The request failed to indicate frequency and duration of medication. Given the above, the request for Baclofen 10 mg # 60 is not medically necessary.

**LIDODERM PATCH 5% #30 3 REFILLS:** Upheld

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

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

**Decision rationale:** MTUS Guidelines indicate that topical Lidocaine is recommended for localized peripheral pain after there has been evidence of a trial and failure of first line therapy. This is not a first line treatment and is only FDA approved for post herpetic neuralgia. It is only recommended in the form of the Lidoderm patch. The clinical documentation submitted for review failed to indicate the outcome measurements of a home exercise regimen and long-term functional goals for the injured worker. The duration of use could not be established through supplied documentation. The request as submitted failed to indicate the frequency and quantity for the requested medication. Given the above, the request for Lidoderm patches is not medically necessary.

**TOPAMAX 100 MG #30:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Ant epilepsy Drugs (AEDs) Page(s): 16, 21.

**Decision rationale:** MTUS Guidelines recommend that antiepilepsy drugs are for neuropathic pain (pain due to nerve damage). There is a lack of expert consensus on the treatment of neuropathic pain in general due to heterogeneous etiologies, symptoms, physical signs and mechanisms. Additionally, Topamax has been shown to have variable efficacy, with failure to demonstrate efficacy in neuropathic pain of central etiology. It is considered for use in neuropathic pain when other anticonvulsants fail. The documentation submitted for review failed to indicate the injured worker having neuropathic pain. There was a lack of documentation of the efficacy of Topamax after the injured worker takes the medication. Additionally, the request failed to indicate duration and frequency of medication. As such, the request for Topamax 100 mg #30 is not medically necessary.

**DILAUDID 4 MG #30:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use Page(s): 78.

**Decision rationale:** MTUS Guidelines state that criteria for use and ongoing-management of opioids include ongoing review and documentation of pain relief, functional status, appropriate

medication use, and side effects. There was a lack of evidence of opioid medication management and average pain, intensity of pain, or longevity of pain relief. The provider failed to submit urine drug screens indicating opioid compliance for the injured worker. There was no conservative measures indicated for the injured worker such as physical therapy or a home exercise regimen for the injured worker. There was a lack of documentation of long-term functional improvement for the injured worker. Given the above, the request for Dilaudid 4 mg # 30 is not medically necessary.