

<b>Case Number:</b>	CM14-0087920		
<b>Date Assigned:</b>	07/23/2014	<b>Date of Injury:</b>	02/19/1998
<b>Decision Date:</b>	09/17/2014	<b>UR Denial Date:</b>	05/09/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/11/2014

### 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:

Injured worker is a female with date of injury 2/19/1998. Per pain management note dated 4/8/2014, the injured worker rates her overall improvement as 0%. She reports Visual Analog Scale (VAS) sensory of 4.5 with an affective component of 4.5. She states that her mood, activity and sleep are all the same. She has found that Lidoderm patches offer some 75% improvement of her neck and upper extremity symptoms at night and allow her improvement of sleep from 1-4 hours. She reports that pain medications also offer her the ability to function socially with family and to perform activities of daily living, including shopping and meetings with friends and family. She reports that without her pain medications, when is basically homebound. Her prior baseline of pain behavior prior to the administration of pain medications was as a homebound individual in constant, moderate to severe pain. She rates that her pain prior to the use of medications was at times approaching the intensity of childbirth. She reports that at present her pain is well controlled on her present regimen and that she is able to perform activities of daily living which were previously impossible. On examination she is alert and oriented x3 and pupils are 3 mm. She walks with the assistance of a cane. She ambulates with a hesitant gait and slowly but demonstrates minimal behavior. Diagnoses include 1) cervical failed neck surgery syndrome with bilateral upper extremity neuropathic pain 2) lumbar degenerative disk disease.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Norco 10/325 mg # 90:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids section, Weaning of Medications section Page(s): 74-95, 124.

**Decision rationale:** The MTUS guidelines do not recommend the use of opioid pain medications, in general, for the management of chronic pain. They do provide guidance on the rare instance where opioids are needed in maintenance therapy, but the emphasis should remain on non-opioid pain medications and active therapy. The amount of opioids being prescribed has a daily morphine equivalent dose (MED) of 504, which is in excess of the recommended ceiling of 120. The injured worker is reported to having improved pain and in activities of daily living, but there are no clinical findings that confirm functional improvement, and the injured worker is not reported as having returned to work. It is not recommended to discontinue opioid treatment abruptly, as weaning of medications is necessary to avoid withdrawal symptoms when opioids have been used chronically. This request however is not for a weaning treatment, but to maintain treatment. The request for Norco 10/325 mg # 90 is not medically necessary.

**Baclofen 10 mg # 30:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants Weaning of Medications section Page(s): 63, 64, 124.

**Decision rationale:** Non-sedating muscle relaxants (for pain) are recommended by the MTUS Guidelines with caution for short periods for treatment of acute exacerbations of chronic low back pain, but not for chronic or extended use. In most low back pain cases, they show no benefit beyond NSAIDs in pain and overall improvement. Baclofen is among the muscle relaxant medications with the most limited published evidence in terms of clinical effectiveness. Sedation, dizziness, weakness, hypotension, nausea, respiratory depression and constipation are commonly reported side effects with the use of Baclofen. Baclofen I recommended for the treatment of spasticity and muscle spasm related to multiple sclerosis and spinal cord injuries. Discontinuation of chronically used muscle relaxants should include a tapering dose to decrease withdrawal symptoms. This request however is not for a tapering dose. The request for Baclofen 10 mg #30 is not be medically necessary.

**Topamax 100 mg # 30:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Antiepilepsy Drugs Page(s): 16-21.

**Decision rationale:** The MTUS Guidelines recommend the use of Antiepilepsy drugs for neuropathic pain. Most randomized controlled trials for the use of Antiepilepsy drugs for neuropathic pain have been directed at postherpetic neuralgia and painful polyneuropathy, with polyneuropathy being the most common example. There are few RCTs directed at central pain, and none for painful radiculopathy. A good response to the use of Antiepilepsy drugs has been defined as a 50% reduction in pain and a moderate response as a 30% reduction. It has been reported that a 30 % reduction in pain is clinically important to patients and a lack of response to the magnitude may be the trigger for switching to a different first line agent, or combination therapy if treatment with a single drug fails. After initiation of treatment, there should be documentation of pain relief and improvement in function as well as documentation of side effects incurred with use. The continued use of Antiepilepsy drugs depends on improved outcomes versus tolerability of adverse effects. Topamax has been shown to have variable efficacy with failure to demonstrate efficacy in neuropathic pain of central etiology. It is still considered for use for neuropathic pain when other anticonvulsants fail. The clinical documentation does not clearly show that the injured worker has neuropathic symptoms. The injured worker is reported to having improved pain and in activities of daily living, but there are no clinical findings that confirm functional improvement, and the injured worker is not reported as having returned to work. 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 Weaning of Medications , Opioids Page(s): 74-95, 124.

**Decision rationale:** The MTUS guidelines do not recommend the use of opioid pain medications, in general, for the management of chronic pain. They do provide guidance on the rare instance where opioids are needed in maintenance therapy, but the emphasis should remain on non-opioid pain medications and active therapy. The amount of opioids being prescribed has a daily morphine equivalent dose (MED) of 504, which is in excess of the recommended ceiling of 120. The injured worker is reported to having improved pain and in activities of daily living, but there are no clinical findings that confirm functional improvement, and the injured worker is not reported as having returned to work. It is not recommended to discontinue opioid treatment abruptly, as weaning of medications is necessary to avoid withdrawal symptoms when opioids have been used chronically. This request however is not for a weaning treatment, but to maintain treatment. The request for Dilaudid 4 mg # 30 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 Topical Analgesics.

**Decision rationale:** The injured worker reports functional improvement with use of this medication in terms of sleep and physical activity. Per the MTUS Guidelines, the use of topical analgesics is recommended as an option for some agents. Lidocaine is recommended for localized peripheral pain after there has been evidence of a trial of first-line therapy (tricyclic or SNRI antidepressants or an anti-epilepsy drug such as gabapentin or Lyrica). Topical lidocaine in the formulation of a dermal patch (Lidoderm) has been designated for orphan status by the FDA for neuropathic pain. Lidoderm is also used off-label for diabetic neuropathy. No other commercially approved topical formulations of lidocaine (whether creams, lotions or gels) are indicated for neuropathic pain. Non-dermal patch formulations are generally indicated as local anesthetics and anti-pruritics. In February 2007 the FDA notified consumers and healthcare professionals of the potential hazards of the use of topical lidocaine. Those at particular risk were individuals that applied large amounts of this substance over large areas, left the products on for long periods of time, or used the agent with occlusive dressings. The clinical documentation does not clearly show that the injured worker has neuropathic symptoms. The injured worker is reported to having improved pain and in activities of daily living, but there are no clinical findings that confirm functional improvement, and the injured worker is not reported as having returned to work. The request for Lidoderm Patch 5 % # 30 3 refills is not medically necessary.