

<b>Case Number:</b>	CM14-0095487		
<b>Date Assigned:</b>	07/25/2014	<b>Date of Injury:</b>	08/27/2009
<b>Decision Date:</b>	09/10/2014	<b>UR Denial Date:</b>	06/03/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/24/2014

### 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 52-year-old female with a reported date of injury on 08/27/2009. The mechanism of injury was not submitted within the medical records. Her diagnoses were noted to include low back pain, neck pain, cervicgia, and left leg pain. Her previous treatments were noted to include physical therapy and medications. The progress note dated 05/21/2014 revealed the injured worker complained of neck, mid back, and low back pain that radiated to the left lower extremity rated 4/10. The injured worker complained of numbness to the left lower extremity and tingling as well as low back stiffness and low back spasms. The injured worker complained of heaviness of her legs and interference with sleep. The injured worker indicated she was able to bathe, dress, drive, toilet, and shop with no assistance from others. Her medication regimen was noted to include fish oil 300 mg daily, ibuprofen 600 mg twice a day, Lidoderm 5% daily, multivitamin, and trazodone 50 mg 1 daily. The physical examination revealed an antalgic gait favoring the left side. The Request for Authorization form dated 05/23/2014 was for trazodone 50 mg 1 daily #30 with 2 refills and Lidoderm 5% (700 mg/patch) adhesive patch 1 daily #30 with 2 refills for pain.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Trazodone 50mg, quantity 30 with two refills.:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, On-going Management Page(s): 78.

**Decision rationale:** The request for trazodone 50 mg quantity 30 with 2 refills is not medically necessary. The injured worker complained of pain rated 4/10 to her neck, mid back, bilateral low back with radiation to the left lower extremity. According to the California Chronic Pain Medical Treatment Guidelines, the ongoing use of opioid medications may be supported with detailed documentation of pain relief, functional status, appropriate medication use, and side effects. The guidelines also state that the 4 A's for ongoing monitoring, including analgesia, activities of daily living, adverse side effects, and aberrant drug taking behavior, should be addressed. There is a lack of documentation with evidence of decreased pain on numerical scale with the use of medications. There is a lack of documentation regarding improved functional status with activities of daily living with the use of medications. There is a lack of documentation regarding side effects and as to whether the injured worker has had consistent urine drug screens and when the last test was performed. Therefore, due to lack of documentation regarding significant pain relief, increased functional status, side effects, and without details regarding urine drug testing to verify appropriate medication use in the absence of aberrant behavior, the ongoing use of opioid medications is not supported by the guidelines. Additionally, the request failed to provide the frequency with which this medication is to be utilized. As such, the request is not medically necessary.

**Lidoderm 5% (700mg patch), quantity 30 with two refills.:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-112.

**Decision rationale:** The request for Lidoderm 5% (700mg patch) quantity 30 with two refills is not medically necessary. The injured worker complains of pain to her neck, mid back, low back with radiating pain to her lower extremity. The California Chronic Pain Medical Treatment Guidelines recommend topical analgesics primarily for neuropathic pain when the trials of antidepressants and anticonvulsants have failed. The guidelines state topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. There is little to no research to support the use of many of these agents. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. The guidelines' indication for topical lidocaine is neuropathic pain after there has been evidence of a trial of first line therapy (tricyclic or SNRI antidepressants or an AED 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. No other commercially approved topical formulations of lidocaine (whether creams, lotions or gels) are indicated for neuropathic pain. The guidelines do not recommend topical lidocaine for a nonneuropathic pain and there is only one trial that tested 4% lidocaine for the treatment of chronic muscle pain and the results showed there was no superiority over placebo. The injured worker does have

complaints of neuropathic pain; however, the request failed to provide the frequency at which this medication is to be utilized. Therefore, the request is not medically necessary.