

<b>Case Number:</b>	CM14-0181246		
<b>Date Assigned:</b>	11/06/2014	<b>Date of Injury:</b>	06/16/2012
<b>Decision Date:</b>	01/14/2015	<b>UR Denial Date:</b>	10/30/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/31/2014

### 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 underlying date of injury in this case is 06/16/2012. The date of an initial peer review under appeal is 10/28/2014. This patient is a 61-year-old woman with a history of chronic low back as well as recurrent myofascial strain, opioid-related constipation, and bilateral lower extremity neuropathic pain. On 11/20/2014, the primary treating physician noted the patient presented with ongoing low back pain. The patient reported her pain has worsened since the prior visit. The treating physician noted that the patient had been denied Workers' Compensation for Lidoderm and did not know why. The patient reported that she has more pain without the Lidoderm patch. She describes the pain as aching, sharp, and throbbing. The patient was felt to have lumbosacral spondylosis without myelopathy as well as sacroiliac instability and a history of a closed lumbar fracture. Medications prescribed included Norco, Dulcolax, and a Lidoderm patch.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Dulcolax (Docusate) 100mg #60 Ref: 1:** 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 Opioids/Initiating Therapy Page(s): 77.

**Decision rationale:** The California Medical Treatment Utilization Schedule Chronic Pain Medical Treatment Guidelines section on opioids/initiating treatment recommends prophylactic treatment for constipation. A prior utilization review modified this request for zero refills. Given the patient's prolonged history of opioid use, it appears probable that the patient will continue to require prophylactic treatment for constipation for an ongoing period of time. This request is medically necessary.

**Hydrocodone 5mg- Acetaminophen 325mg #60:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 74-97.

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

**Decision rationale:** The California Medical Treatment Utilization Schedule Chronic Pain Medical Treatment Guidelines section on opioids/ongoing management, page 78, recommends ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. A prior physician review of 11/28/2014 concluded that this patient's pain was optimally reduced and functionality was maintained on this patient's current treatment regimen, including Norco 1 tablet twice a day for up to 60 tablets in a 30-day period. That review recommended certification of hydrocodone. Therefore, this request is medically necessary.

**Lidoderm 5% (700mg/ patch) #60 Ref: 2:** Upheld

**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 Topical Analgesics, Lidoderm Page(s): 111.

**Decision rationale:** The Medical Treatment Utilization Schedule Chronic Pain Medical Treatment Guidelines section on topical analgesics states regarding topical Lidoderm that this is not recommended for nonneuropathic pain and that it is recommended only for localized peripheral neuropathic pain after there has been evidence of a trial of first-line therapy. This patient has diffuse axial pain, diffuse radicular pain, but does not appear to have the focal neuropathic pain which would be amenable to treatment with a Lidoderm patch. The records and guidelines do not support this request. This request is not medically necessary.