

<b>Case Number:</b>	CM14-0188321		
<b>Date Assigned:</b>	11/19/2014	<b>Date of Injury:</b>	05/31/2007
<b>Decision Date:</b>	01/08/2015	<b>UR Denial Date:</b>	10/13/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/12/2014

### 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 Internal 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:

The patient is an injured worker neck and back complaints. The date of injury is May 31, 2007. The patient has neck and low back pain with pain that radiated down the left lower extremity. Mechanism of injury was continuous trauma. Diagnoses include lumbar disc displacement, lumbar facet arthropathy, and chronic pain. Treatment modalities included bilateral L4, L5, and S1 facet medial nerve radiofrequency Rhizotomy, Hydrocodone, and home exercise program. The treatment plan dated November 7, 2013 included facet rhizotomy and home exercise program. The pain medicine evaluation report dated 2/11/14 documented subjective complaints of neck and low back pain. Physical examination was documented. The patient was noted to be well nourished, well developed, alert/oriented and cooperative. The patient was observed to be in slight distress. The patient's gait was slow. Inspection of the lumbar spine reveals no gross abnormality. No spasm was noted in the lumbar spine area. Tenderness was noted upon palpation bilaterally in the in the paravertebral area L3-S1 levels. Sensory exam is within normal limits bilaterally. Motor exam is within normal limits in bilateral lower extremities. The patient's achilles and patellar reflexes were within normal limits bilaterally. Straight leg raise at 90 degrees sitting position is negative bilaterally. The patient is currently working without restrictions. Diagnoses were lumbar disc displacement, lumbar facet arthropathy, and chronic pain. Norco 10/325 mg and Lidoderm patches were requested for the date of service 9/23/14.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Norco 10/325 mg, #60 with one refill: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints, Chapter 3 Initial Approaches to Treatment, Chapter 12 Low Back Complaints Page(s): 47-48, 181-183, 308-310, Chronic Pain Treatment Guidelines Opioids Page(s): 74-96.

**Decision rationale:** Medical Treatment Utilization Schedule (MTUS) Chronic Pain Medical Treatment Guidelines address opioids. The lowest possible dose should be prescribed to improve pain and function. Frequent evaluation of clinical history and frequent review of medications are recommended. Periodic review of the ongoing chronic pain treatment plan for the injured worker is essential. Patients with pain who are managed with controlled substances should be seen regularly. American College of Occupational and Environmental Medicine (ACOEM) 2nd Edition (2004) Chapter 3 states that opioids appear to be no more effective than safer analgesics for managing most musculoskeletal symptoms. Opioids should be used only if needed for severe pain and only for a short time. ACOEM guidelines state that the long-term use of opioids is not recommended for neck and back conditions. The latest progress report was dated 2/11/14 and documented diagnoses of lumbar disc displacement, lumbar facet arthropathy, and chronic pain. Norco 10/325 mg was requested for the date of service 9/23/14. The associated progress report for the date of service 9/23/14 was not present in the submitted medical records. Per MTUS, the lowest possible dose of opioid should be prescribed, with frequent and regular review and re-evaluation. Without current progress reports documenting subjective complaints and objective findings, the prescription for Norco, which contains the opioid Hydrocodone, is not supported. Therefore, the request for Norco 10/325 mg, #60 with one refill is not medically necessary.

**Lidoderm patches 5%, 1 box:** 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 (Lidocaine patch), Topical Analgesics Page(s): 56-57, 111-112.

**Decision rationale:** Medical Treatment Utilization Schedule (MTUS) Chronic Pain Medical Treatment Guidelines state that Lidoderm is not a first-line treatment and is only FDA approved for post-herpetic neuralgia. Further research is needed to recommend Lidoderm for chronic neuropathic pain disorders other than post-herpetic neuralgia. Lidoderm (Lidocaine patch 5%) is not recommended for non-neuropathic pain. Medical records do not document a diagnosis of post-herpetic neuralgia. Per MTUS guidelines, Lidoderm is only FDA approved for post-herpetic neuralgia, and is not recommended for other chronic neuropathic pain disorders or non-neuropathic pain. The latest progress report was dated 2/11/14 and documented diagnoses of lumbar disc displacement, lumbar facet arthropathy, and chronic pain. Lidoderm patches were requested for the date of service 9/23/14. The associated progress report for the date of service 9/23/14 was not present in the submitted medical records. Medical records and MTUS

guidelines do not support the medical necessity of Lidoderm patch. Therefore, the request for Lidoderm patches 5%, 1 box is not medically necessary.