

<b>Case Number:</b>	CM14-0188583		
<b>Date Assigned:</b>	11/18/2014	<b>Date of Injury:</b>	04/10/2001
<b>Decision Date:</b>	01/06/2015	<b>UR Denial Date:</b>	11/04/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/11/2014

### 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 Family Medicine, and is licensed to practice in New Jersey. 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:

This 63 year old female reportedly sustained a non described work related injury on April 10, 2001 resulting in low back and upper and lower extremity pain. Diagnoses include lumbar sprain, chronic back pain, epicondylitis, degenerative disc disease (DDD), diabetes, hypertension and carpal tunnel syndrome. She was treated with physical therapy and medications including opioids, anti-epileptics, muscle relaxants, sleep aids, and topical lidocaine. Electromyography (EMG) nerve conduction studies (NCS) dated February 26, 2014 revealed abnormal findings consistent with lower extremity radiculopathy and generalized peripheral neuropathy. Primary treating physician visit dated March 31, 2014 describes the pain as 9/10 without medication and at a 5/10 at the time of the office visit. Sleep quality is poor. The injured worker states her "medications are less effective". Pain is increased when she sweeps, mops, or dusts. She referenced using a Transcutaneous Electrical Nerve Stimulation (TENS) unit years ago that reduced pain. The physician referred to numerous old diagnostic studies varying from normal to abnormal. Primary treating physician dated September 15, 2014 noted increased pain from previous visit, that medication has been working well and that she walks for exercise with Norco making pain tolerable. Current medications listed are Ambien CR 12.5mg, Lidoderm 5% patch, Zanaflex 4mg, Norco 10/325mg, Hydrochlorothiazide 12.5mg, Gabapentin, and Metformin HCl 500mg. work status is considered permanent and stationary. Physical exam provided the injured worker decreased range of motion (ROM) lumbar spine flexion 70 degrees, extension 10 degrees, lateral bending 20 degrees and rotation 30 degrees with pain and tenderness, negative straight leg raise, and normal motor strength. No sensory testing was documented as being performed. She was then recommended to continue her medications as before. A request was received weeks later requesting continuation of her Lidocaine and Norco, specifically.

## IMR ISSUES, DECISIONS AND RATIONALES

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

### **Lidoderm 5% Patch (700mg/Patch), #30:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Lidoderm, Topical Analgesics Page(s): 56-57, 111-113.

**Decision rationale:** The MTUS Guidelines for Chronic Pain state that topical lidocaine is not a first-line therapy for chronic pain, but may be recommended for localized peripheral neuropathic pain after there has been evidence of a trial of first-line therapy (including tri-cyclic, SNRI antidepressants, or an AED such as gabapentin or Lyrica). Topical lidocaine is not recommended for non-neuropathic pain as studies showed no superiority over placebo. In the case of this worker, there was insufficient and up to date subjective and objective evidence of neuropathic pain and more importantly insufficient evidence of functional benefit from prior Lidocaine use that might help justify its continuation. Without evidence of benefit directly related to the lidocaine, the Lidocaine must be considered not medically necessary.

### **Norco 10-325mg, #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 Page(s): 78-96.

**Decision rationale:** The MTUS Chronic Pain Medical Treatment Guidelines state that opioids may be considered for moderate to severe chronic pain as a secondary treatment, but require that for continued opioid use, there is to be ongoing review and documentation of pain relief, functional status, appropriate medication use with implementation of a signed opioid contract, drug screening (when appropriate), review of non-opioid means of pain control, using the lowest possible dose, making sure prescriptions are from a single practitioner and pharmacy, and side effects, as well as consultation with pain specialist if after 3 months unsuccessful with opioid use, all in order to improve function as criteria necessary to support the medical necessity of opioids. Long-term use and continuation of opioids requires this comprehensive review with documentation to justify continuation. In the case of this worker, there was insufficient evidence to support this complete review was taking place during her office visits. There was no up to date evidence of functional benefit with the use of Norco. There was no documented report of a measurable reduction in pain related to this medication by itself, however a report on functional improvement was documented related to his medication use (which includes all his medications collectively). Therefore, without this evidence of benefit with Norco by itself, the Norco will be considered not medically necessary as there is no way to determine which medication(s) are providing this benefit if not evaluated individually.

