

<b>Case Number:</b>	CM14-0197774		
<b>Date Assigned:</b>	12/08/2014	<b>Date of Injury:</b>	11/12/1997
<b>Decision Date:</b>	01/22/2015	<b>UR Denial Date:</b>	11/11/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/25/2014

### 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 Neurology 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 a 60-year-old female who sustained an industrial injury on 11/12/1997. She is status post lumbar spine fusion on 11/15/1999. She is diagnosed with post lumbar laminectomy syndrome. According to a February 5, 2012 report, EMG and nerve conduction studies have shown chronic left L5-S1 denervation as well as mild peripheral neuropathy. According to an August 2, 2006 report, OxyContin, methadone, and Neurontin and Wellbutrin has been poorly tolerated. Other medications trialed include Celebrex, Vicodin, and Senokot. According to an examination dated November 27, 2014, the patient presents complaining of persistent low back pain with radiation to the lower extremities rated 5 to 6/10. She describes the pain as burning, numbness, aching, cramping with pins and needles. She reports itching with Vicodin. She also reports difficulty with generic lidocaine patch. Examination revealed tenderness, motor weakness left extensor hallucis longus, intact sensation and difficulty with left heel walking. She is diagnosed with status post lumbar fusion and artificial disc at L5-S1. On 11/11/2014 Utilization Review was performed at which time the request for Norco 7.5/325 mg #30, Lidocaine 5% #30 with 5 refills, and Senna #120 with 5 refills was non-certified as medical necessity of the requested medications had not been established.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**30 Patches of Lidocaine 5 Percent with 5 Refills:** Overturned

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Medications, Lidoderm Page(s): 111.

**Decision rationale:** The California MTUS Chronic Pain Medical Treatment Guidelines state that Lidocaine patches are recommended for localized peripheral pain after there has been evidence of a trial of first-line therapy (tri-cyclic or SNRI anti-depressants or an AED such as gabapentin or Lyrica). In this case, the patient is noted to have evidence of neuropathic pain corroborated by electrodiagnostic studies. The medical records also establish that the patient has failed first line therapy such as gabapentin. The patient is noted to be stable on her current medication regimen and the request for 30 Patches of Lidocaine 5 Percent with 5 refills is medically necessary.

**30 Tablets of Norco 7.5/325 MG:** Overturned

**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): 74-96.

**Decision rationale:** The MTUS Chronic Pain Medical Treatment Guidelines state that Norco is indicated for moderate to moderately severe pain. The patient is followed for chronic pain and has failed multiple medications. She is currently maintained on low morphine equivalent dosage of hydrocodone. There is no evidence of abuse or diversion. The request for Norco 7.5/325 mg #30 is medically necessary to address the patient's chronic low back pain.

**120 Tablets of Senna with 5 Refills:** Overturned

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Senna. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: <http://www.nlm.nih.gov/medlineplus/druginfo/natural/652.html>

**Decision rationale:** The patient is noted to be on opioid medications and a common effect of opioid medications is constipation. Senna is an FDA approved laxative. Given that the patient is on chronic opioid therapy, the request for Senna is medically necessary.