

<b>Case Number:</b>	CM14-0206678		
<b>Date Assigned:</b>	12/18/2014	<b>Date of Injury:</b>	08/30/2010
<b>Decision Date:</b>	02/10/2015	<b>UR Denial Date:</b>	11/21/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/10/2014

### 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 Rehabilitation, has a subspecialty in Interventional spine 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 61 year old female with an injury date of 08/30/10. Based on the 11/10/14 progress report provided by treating physician, the patient complains of low back pain rated 4/10 with and 9/10 without medications. Physical examination to the lumbar spine on 11/10/14 revealed tenderness to palpation over the lumbar facet joints, positive lumbar facet loading maneuvers bilaterally and limitation on extension; which is consistent with lumbar facet syndrome. Examination also revealed decreased sensation in the left L4 and L5 dermatomes, decreased strength distally with the left extensor hallucis longus and left ankle dorsiflexion, and positive straight leg raising bilaterally; consistent with lumbar radiculopathy. Patient's medications include Lidoderm patch, Duragesic patch, Dilaudid, Robaxin, Senokot, Benadryl spray, Lopressor and Maxzide. Dilaudid and Duragesic have been prescribed in progress reports dated 05/07/14 and 12/08/14. Lidoderm patch was prescribed in progress reports dated 11/10/14 and 12/08/14. Patient is not trying any other therapies for pain and reports her activity level has increased. Patient reported skin irritation using Tegaderm, but not rash with Fentanyl patch. Patient continues to note benefit from Fentanyl patch which "helps her maintain some normalcy in her daily life." Patient is to "continue Dilaudid for breakthrough pain," and Duragesic for baseline pain control. Patient has failed oral NSAID's, and is prescribed Lidoderm patches for "topical neuropathic pain." Treater states in progress report dated 11/10/14 that "the patient currently has adequate and appropriate Analgesia medications with functional benefit and improved quality of life. The patient has improved capability for ADL including SelfCare and household tasks with the medications which is reflected in improved capability for daily functional activities. The patient denies any new Adverse effects from medications... The patient currently does not exhibit any Adverse behavior to indicate addiction." Laboratory report dated

05/07/14 revealed "consistent results." Patient is working modified duty. Diagnosis 05/07/14, 11/10/14, 12/08/14- lumbar radiculopathy- spinal/lumbar degenerative disc disease- disc disorder lumbar- low back pain The utilization review determination being challenged is dated 11/21/14. Treatment reports were provided from 05/07/14 - 12/08/14.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**Lidoderm 5% patch #30:** 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 patches Page(s): 56,57. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain chapter, Lidoderm patches

**Decision rationale:** The patient presents with low back pain rated 4/10 with and 9/10 without medications. The request is for LIDODERM 5% PATCH #30. Patient's diagnosis on 12/08/14 included lumbar radiculopathy and spinal/lumbar degenerative disc disease. Patient's medications include Lidoderm patch, Duragesic patch, Dilaudid, Robaxin, Senokot, Benadryl spray, Lopressor and Maxzide. Patient is not trying any other therapies for pain and reports her activity level has increased. Lidoderm patch was prescribed in progress reports dated 11/10/14 and 12/08/14. Patient is working modified duty. MTUS guidelines page 57 states, "topical lidocaine may be 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)." Page 112 also states, "Lidocaine Indication: Neuropathic pain Recommended for localized peripheral pain." When reading ODG guidelines, it specifies that lidoderm patches are indicated as a trial if there is "evidence of localized pain that is consistent with a neuropathic etiology." ODG further requires documentation of the area for treatment, trial of a short-term use with outcome documented for pain and function. Per treater report dated 11/10/14, patient has failed oral NSAID's, and is prescribed Lidoderm patches for "topical neuropathic pain." Physical examination to the lumbar spine on 11/10/14 revealed tenderness to palpation over the lumbar facet joints, positive lumbar facet loading maneuvers bilaterally and limitation on extension; which is consistent with lumbar facet syndrome. Examination also revealed decreased sensation in the left L4 and L5 dermatomes, decreased strength distally with the left extensor hallucis longus and left ankle dorsiflexion, and positive straight leg raising bilaterally; consistent with lumbar radiculopathy. However, there is no evidence of localized pain that is consistent with neuropathic etiology in review of medical records. The request is not inline with MTUS indication. Therefore, the request for Lidoderm patch IS NOT medically necessary.

**Duragesic 50mcg/hr patch #10:** Overturned

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines  
CRITERIA FOR USE OF OPIOIDS Page(s): 88, 89; 76-78.

**Decision rationale:** The patient presents with low back pain rated 4/10 with and 9/10 without medications. The request is for DURAGESIC 50MCG/HR PATCH #10. Patient's diagnosis on 12/08/14 included lumbar radiculopathy and spinal/lumbar degenerative disc disease. Patient's medications include Lidoderm patch, Duragesic patch, Dilaudid, Robaxin, Senokot, Benadryl spray, Lopressor and Maxzide. Dilaudid and Duragesic have been prescribed in progress reports dated 05/07/14 and 12/08/14. Patient is not trying any other therapies for pain and reports her activity level has increased. Patient reported skin irritation using Tegaderm, but not rash with Fentanyl patch. Patient continues to note benefit from Fentanyl patch which "helps her maintain some normalcy in her daily life." Treater states in progress report dated 11/10/14 that "the patient currently has adequate and appropriate Analgesia medications with functional benefit and improved quality of life. The patient has improved capability for ADL including SelfCare and household tasks with the medications which is reflected in improved capability for daily functional activities. The patient denies any new Adverse effects from medications... The patient currently does not exhibit any Adverse behavior to indicate addiction." Laboratory report dated 05/07/14 revealed "consistent results." Patient is working modified duty.MTUS Guidelines pages 88 and 89 states, "Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." MTUS page 78 also requires documentation of the 4As (analgesia, ADLs, adverse side effects, and adverse behavior), as well as "pain assessment" or outcome measures that include current pain, average pain, least pain, intensity of pain after taking the opioid, time it takes for medication to work and duration of pain relief.Per treater report dated 11/10/14, the patient is to "continue Duragesic for baseline pain control." UR letter dated 11/21/14 states "...no documentation of MTUS opioid compliance guidelines submitted for review..." However, the patient is working, and adequate documentation has been provided including numeric scales and functional measures that show significant improvement. Urine toxicology is also done. Therefore, the request IS medically necessary.

**Dilaudid 4mg #30:** Overturned

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines  
CRITERIA FOR USE OF OPIOIDS Page(s): 88, 89; 76-78.

**Decision rationale:** The patient presents with low back pain rated 4/10 with and 9/10 without medications. The request is for DILAUDID 4MG #30. Patient's diagnosis on 12/08/14 included lumbar radiculopathy and spinal/lumbar degenerative disc disease. Patient's medications include Lidoderm patch, Duragesic patch, Dilaudid, Robaxin, Senokot, Benadryl spray, Lopressor and Maxzide. Dilaudid and Duragesic have been prescribed in progress reports dated 05/07/14 and 12/08/14. Patient is not trying any other therapies for pain and reports her activity level has increased. Patient reported skin irritation using Tegaderm, but not rash with Fentanyl patch. Patient continues to note benefit from Fentanyl patch which "helps her maintain some normalcy

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