

<b>Case Number:</b>	CM15-0003367		
<b>Date Assigned:</b>	01/14/2015	<b>Date of Injury:</b>	01/29/2009
<b>Decision Date:</b>	03/17/2015	<b>UR Denial Date:</b>	12/19/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/07/2015

### 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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation

### 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 injured worker is a 63 year old male who sustained an industrial injury on January 29, 2009. The injured worker has complained of stiffness and has been diagnosed with status post C7-T1 posterior cervical fusion, C7-T1 facet arthropathy, status post C5-7 ACDF, cervical stenosis, cervical degenerative disc disease, thoracic degenerative disc disease, and cervical radiculopathy. Treatment to date has included medical imaging, surgeries, and medications. Currently the injured worker has complained of stiffness rate as a 10/10. The treatment plan included Norco, lidoderm patches, and a urine screen. On December 19, 2014 Utilization review modified refill of Norco 10/325 mg # 150 and non certified a refill of lidoderm patches 5% # 60 citing the MTUS guidelines.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Refill of Norco 10/325mg #150:** Overturned

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

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

**Decision rationale:** The patient presents with complaints of stiffness, rated 08/10 with and 10/10 without medication. The request is for REFILL OF NORCO 10/325 MG #150. The RFA is not included. Per progress report dated 12/08/14, patient's diagnosis included status post C7-T1 posterior spinal fusion on 01/16/14, C7-T1 facet arthropathy, status post C5-7 ACDF, 04/14/11, cervical stenosis, cervical degenerative disc disease, C5-6 and C6-7, Thoracic degenerative disc disease, T5-6 and T6-7, and cervical radiculopathy. Per progress reports dated 10/01/14 and 12/08/04, the patient was permanent and stationary but returned to restricted work 6 months after the surgery. Toxicology report results dated 12/08/14 were complaint with the guidelines. 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. In this case, a prescription for Norco is first noted in progress report dated 07/29/14 and the patient has been receiving the medication consistently at least since then. In progress report dated 01/06/15, the treater states that "...the medications allow the claimant to continue working..." Toxicology report results dated 12/08/14 were compliant with the guidelines. Medication appears to tolerated well. Given the patient's return to work and other documentation regarding opiates management, the request IS medically necessary.

**Refill of Lidoderm patches 5% #60:** Upheld

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

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

**Decision rationale:** The patient presents with complaints of stiffness, rated 08/10 with and 10/10 without medication. The request is for REFILL OF LIDODERM PATCHES 5% #60. The RFA is not included. Per progress report dated 12/08/14, patient's diagnosis included status post C7-T1 posterior spinal fusion on 01/16/14, C7-T1 facet arthropathy, status post C5-7 ACDF, 04/14/11, cervical stenosis, cervical degenerative disc disease, C5-6 and C6-7, Thoracic degenerative disc disease, T5-6 and T6-7, and cervical radiculopathy. Per progress reports dated 10/01/14 and 12/08/04, the patient was permanent and stationary but returned to restricted work 6 months after the surgery. Toxicology report results dated 12/08/14 were complaint with the guidelines. 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)." MTUS Page 112 also states, "Lidocaine Indication: Neuropathic pain Recommended for localized peripheral pain." In this case, a prescription for Lidoderm patch is first noted in progress report dated 10/01/14, and the patient has been using the patch consistently at least since then. In progress report dated 01/06/15, the treater states that the patient uses Lidoderm patches to avoid increasing narcotic

use to control his pain; however the patient does not present with "peripheral, localized neuropathic pain" for which topical lidocaine patches are indicated per guidelines. The patient has axial neck pain and diffuse radicular symptoms down the arms. The request IS NOT medically necessary.