

<b>Case Number:</b>	CM15-0100707		
<b>Date Assigned:</b>	06/03/2015	<b>Date of Injury:</b>	09/14/2006
<b>Decision Date:</b>	07/07/2015	<b>UR Denial Date:</b>	04/28/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/26/2015

### 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: New Jersey, New York  
 Certification(s)/Specialty: Family Practice

### 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 60-year-old female, who sustained an industrial injury on 9/14/2006. The current diagnoses are lumbar back pain with radiculopathy, spinal stenosis of the lumbar spine, degenerative disc disease, numbness, facet arthropathy, depression, and obesity. According to the progress report dated 4/13/2015, the injured worker complains of severe right leg pain that extends down to her foot. Per notes, she recently underwent a lumbar facet block procedure, which significantly helped her back pain but did not affect her leg pain. The pain is described as constant, sharp, aching, cramping, shooting, stabbing, and electrical. She rates her pain 8/10 with medications and 9-10/10 without. The physical examination reveals positive right straight leg raise at 45 degrees for sciatic neuralgia and decreased right L5 and S1 dermatomal sensation. Treatment to date has included medication management, heat, and lumbar facet block. The plan of care includes prescriptions for Lidoderm patch, Skelaxin, Gabapentin, Norco, and Tramadol.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Lidoderm 5% patch (Lidocaine) apply 1-4 patches, 12 hours on, 12 hours off, as needed for pain, QTY: 4 boxes with 4 refills: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 56, 57, 112.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Lidoderm, topical analgesics Page(s): 56-57, 111-112.

**Decision rationale:** The request is not medically necessary. According to MTUS guidelines, Lidoderm is not first line treatment and is only FDA approved for post-herpetic neuralgia. More research is needed to recommend it for chronic neuropathic pain other than post-herpetic neuralgia. There is also no documentation of functional improvement with Lidoderm. Therefore, the request is not medically necessary.

**Skelaxin 800mg tabs (Metaxalone) one tab by mouth three (3) times per day as needed, QTY: 90 with 4 refills:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain) Page(s): 63-66.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants Page(s): 63, 65.

**Decision rationale:** The request is not medically necessary. According to MTUS guidelines, muscle relaxants may be "effective in reducing pain and muscle tension and increasing mobility. However, in most lower back cases, they show no benefit beyond NSAIDs in pain and overall improvement." There is also no benefit to the combination of muscle relaxants and NSAIDs. Efficacy wanes over time and chronic use may result in dependence. Relaxants should be used for exacerbations but not for chronic use. There was no documentation of functional improvement with this medication. Therefore, the request is not medically necessary.

**Gabapentin 600mg, 2 tabs every 8 hours BTC, QTY: 180 with 4 refills:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 18.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Anticonvulsants, Gabapentin Page(s): 16-19, 49.

**Decision rationale:** The request is not medically necessary. Gabapentin is an anti-epilepsy drug that is effective for neuropathic pain, which the patient has. However, there is no documentation of functional improvement with Gabapentin. In addition, pain relief was minimal, from a 10/10 to 9/10. Therefore, the request is not medically necessary.

**Norco 10/325mg 1-2 tabs by mouth every 4-6 hours as necessary, Max 6/day, QTY: 180:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines  
Page(s): 75-78, 88, 91.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids  
Page(s): 78-79.

**Decision rationale:** The request for Norco is not medically necessary. The patient has been on opiates for extended amount of time without significant improvement in pain (10/10 to a 9/10) and objective documentation of the improvement in function. There is no documentation of the four A's of ongoing monitoring: pain relief, side effects, physical and psychosocial functioning, and aberrant drug-related behaviors. There are no urine drug screens (was mentioned in the notes but results were not included) or drug contract documented. There was a decreased in the number of tablets taken after a facet block. However, there are no clear plans for future weaning, or goal of care. Because of these reasons, the request for Norco is not medically necessary.

**Tramadol HCl ER 100mg XR 24-hr tab, 1 every 12 hours, QTY: 60:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines  
Page(s): 75.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids  
Page(s): 78-79.

**Decision rationale:** The request for Tramadol is not medically necessary. Patient is on multiple medications that decrease her pain from 10 to a 9/10. There is no documentation of three of the four A's of ongoing monitoring: side effects, physical and psychosocial functioning, and aberrant drug-related behaviors. Side effects and aberrant drug behaviors were not documented. There were no urine drug screenings or drug contract. Because of these reasons, the request for Tramadol is not medically necessary.