

<b>Case Number:</b>	CM15-0103847		
<b>Date Assigned:</b>	06/08/2015	<b>Date of Injury:</b>	02/22/2012
<b>Decision Date:</b>	07/13/2015	<b>UR Denial Date:</b>	05/11/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/29/2015

### 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: Texas, Illinois

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

### 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 55 year old male, who sustained an industrial injury on 2/22/12. The injured worker was diagnosed as having lumbago with bilateral lower extremity radiculopathy and thoracic back pain due to degenerative disc disease. Treatment to date has included epidural steroid injections, oral medications including Norco, Celebrex, Zanaflex and Lyrica, physical therapy, activity restrictions, TENS unit and home exercise program. X-rays revealed significant disc space collapse at L5-S1 level and likely foraminal stenosis. (EMG) Electromyogram of lower extremities revealed abnormal findings consistent with lumbar radiculopathy at L5-S1. Currently, the injured worker complains of back pain rated 9/10 without medications and bilateral lower extremity pain, increased with standing, walking and lifting and decreased with lying down and sitting. Physical exam noted pain localized in the lumbar region, increased pain in back with range of motion and stable, steady gait. The treatment plan included prescriptions for Norco, Flexeril, Lorazepam, Lyrica and LidoPro topical lotion.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**LidoPro lotion 121 gm:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines topical analgesics Page(s): 104, 111-112.

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

**Decision rationale:** The injured worker sustained a work related injury on 2/22/12. The medical records provided indicate the diagnosis of lumbago with bilateral lower extremity radiculopathy and thoracic back pain due to degenerative disc disease. Treatment to date has included epidural steroid injections, oral medications including Norco, Celebrex, Zanaflex and Lyrica, physical therapy, activity restrictions, TENS unit and home exercise program. The medical records provided for review do not indicate a medical necessity for LidoPro lotion 121 gm. Lidopro is a topical analgesic containing capsaicin, Lidocaine, menthol and Methyl salicylate. The Topical analgesics are largely experimental drugs primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. The MTUS recommends that any compounded product that contains at least one drug (or drug class) that is not recommended. Menthol is not recommended, so is any formulation of Lidocaine besides as Lidoderm patch. The request is not medically necessary.

**Norco 10/325 mg #180:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines opioids Page(s): 76-80, 91, 124.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 78-81.

**Decision rationale:** The injured worker sustained a work related injury on 2/22/12. The medical records provided indicate the diagnosis of lumbago with bilateral lower extremity radiculopathy and thoracic back pain due to degenerative disc disease. Treatment to date has included epidural steroid injections, oral medications including Norco, Celebrex, Zanaflex and Lyrica, physical therapy, activity restrictions, TENS unit and home exercise program. The medical records provided for review do not indicate a medical necessity for Norco 10/325 mg #180. The MTUS recommends the use of the lowest dose of opioids for the short-term treatment of moderate to severe pain. The MTUS does not recommend the use of opioids for longer than 70 days in the treatment of chronic pain due to worsening adverse effects and lack of research in support of benefit. Also, the MTUS recommends that individuals on opioid maintenance treatment be monitored for analgesia (pain control), activities of daily living, adverse effects and aberrant behavior; the MTUS recommends discontinuation of opioid treatment if there is no documented evidence of overall improvement or if there is evidence of illegal activity or drug abuse or adverse effect with the opioid medication. The medical records indicate the use of the medication predates 12/2014. There was improved functioning until the injured worker had shoulder surgery and had to be placed on Temporary total disability. The records indicate the injured worker is not properly monitored for pain control and aberrant behavior. The request is not medically necessary.