

<b>Case Number:</b>	CM15-0108943		
<b>Date Assigned:</b>	06/16/2015	<b>Date of Injury:</b>	06/09/1999
<b>Decision Date:</b>	07/20/2015	<b>UR Denial Date:</b>	05/29/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/08/2015

### 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 62 year old female, who sustained an industrial injury on 6/9/1999. She reported an electrical shock injury. The injured worker was diagnosed as having chronic pain syndrome, lumbar or lumbosacral intervertebral disc degeneration, lumbosacral spondylosis without myelopathy, thoracic or lumbosacral neuritis or radiculitis, lumbar intervertebral disc displacement, arthropathy, cervical intervertebral disc degeneration. Treatment to date has included medications, imaging, crutches, and epidural steroid injections. She retired in 2007. The request is for Lidoderm patches, Chiropractic manipulation to the low back, and Norco. On 3/10/2015, she is reportedly only using Lidoderm patches, and had stopped taking Norco. On 5/19/2015, she complained of increased low back pain. She uses a lumbar corset and Norco to help alleviate her pain. She rated the pain intensity as 6-7/10, and indicated the pain radiates to her buttocks and down the right leg. Physical findings revealed a limited range of motion to the low back, pain with oblique extension, tenderness of the neck area, and limited range of motion of the neck. The treatment plan included: continuation of home exercise program, chiropractic treatment, Norco, and Lidoderm patches.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Lidoderm patches 5% #90:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical analgesics Page(s): 112.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical analgesic, Lidoderm patches Page(s): 111-113, 56-57. Decision based on Non-MTUS Citation Official disability guidelines, Pain chapter, Lidoderm patches.

**Decision rationale:** The patient was injured on 06/09/99 and presents with low back pain. The request is for LIDODERM PATCHES 5% #90. The RFA is not provided and the patient is retired. She has been using Lidoderm patches as early as 10/07/14. MTUS chronic pain medical treatment guidelines page 57 states, "Topical lidocaine may be recommended for a localized peripheral pain after there has been evidence of a trial of first-line therapy (tricyclic or SNRI antidepressants, or an AED such as gabapentin or Lyrica)." MTUS page 112 also states, "Lidocaine indication: Neuropathic pain, recommended for localized peripheral pain." In reading ODG Guidelines, it specifies the 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, documenting pain and function. MTUS page 60 required recording of pain and function when medications are used for chronic pain. The patient has a limited lumbar spine range of motion, right anterior tibialis muscle atrophy, tenderness on palpation at the cervical paraspinal muscles, and a limited neck range of motion. She is diagnosed with chronic pain syndrome, lumbar or lumbosacral intervertebral disc degeneration, lumbosacral spondylosis without myelopathy, thoracic or lumbosacral neuritis or radiculitis, lumbar intervertebral disc displacement, arthropathy, and cervical intervertebral disc degeneration. In this case, the patient does not have any documentation of localized neuropathic pain as required by MTUS Guidelines. Therefore, the requested Lidoderm patch IS NOT medically necessary.

**Chiropractic manipulation x 12 for the low back:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Manual therapy and manipulation Page(s): 58-60.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Manual therapy Page(s): 58-59.

**Decision rationale:** The patient was injured on 06/09/99 and presents with low back pain. The request is for LIDODERM PATCHES 5% #90. The RFA is not provided and the patient is retired. Review of the reports provided does not indicate if the patient had any prior chiropractic manipulation. MTUS Chronic Pain Medical Treatment Guidelines, pages 58-59, allow up to 18 sessions of treatment following initial trial of 3 to 6 if functional improvements can be documented. The patient has a limited lumbar spine range of motion, right anterior tibialis muscle atrophy, tenderness on palpation at the cervical paraspinal muscles, and a limited neck range of motion. She is diagnosed with chronic pain syndrome, lumbar or lumbosacral intervertebral disc degeneration, lumbosacral spondylosis without myelopathy, thoracic or lumbosacral neuritis or radiculitis, lumbar intervertebral disc displacement, arthropathy, and cervical intervertebral disc degeneration. Treatment to date has included medications, imaging,

crutches, and epidural steroid injections. MTUS guidelines allow up to 18 sessions of treatment following initial trial of 3-6 sessions. The requested 12 sessions of chiropractic manipulation for the lower back exceeds what is allowed by MTUS guidelines. Therefore, the requested chiropractic manipulation IS NOT medically necessary.

**Norco 10/325mg #90:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines criteria for use of opioids Page(s): 76-78, 88-89, 80.

**Decision rationale:** The patient was injured on 06/09/99 and presents with low back pain. The request is for NORCO 10/325 MG #90. The RFA is not provided and the patient is retired. Treatment reports are provided from 10/07/14 to 05/19/15 and she has been taking Norco as early as 10/07/14. 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. MTUS page 98 also continues to state that the maximum dose of hydrocodone is 60 mg per day. Pages 80, 81 of MTUS also states "There are virtually no studies of opioids for treatment of chronic lumbar root pain with resultant radiculopathy," and for chronic back pain, it "Appears to be efficacious but limited for short-term pain relief, and long-term efficacy is unclear (>16 weeks), but also appears limited." The 11/04/14 and 01/15/15 reports state that the patient rates her pain as a 6-7/10. "She denies side effects. There is no aberrant drug behavior." The 03/10/15 report states that the patient has completely stopped taking Norco and describes her pain as a 4-6/10. The 05/19/15 report indicates that she rates her pain as a 6-7/10. Although the treater discusses side effects/aberrant behavior and provides before-and-after medication pain scales, not all of the 4As are addressed as required by MTUS guidelines. There are no examples of ADLs which demonstrate medication efficacy. No validated instruments are used either. There are no pain management issues discussed such as CURES report, pain contract, et cetera. No outcome measures are provided as required by MTUS Guidelines. There are no recent urine drug screens provided to see if the patient is compliant with her prescribed medications. The treating physician does not provide proper documentation that is required by MTUS Guidelines for continued opiate use. Therefore, the requested Norco IS NOT medically necessary.