

<b>Case Number:</b>	CM15-0131436		
<b>Date Assigned:</b>	07/17/2015	<b>Date of Injury:</b>	07/05/1999
<b>Decision Date:</b>	08/25/2015	<b>UR Denial Date:</b>	06/25/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/07/2015

### 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:

This is a 50 year old male with a July 5, 1999 date of injury. A progress note dated May 14, 2015 documents subjective complaints ("Still hurts and lately my hip started hurting when I walk to much"), objective findings (positive straight leg raise; slow guarded gait; limited range of motion), and current diagnoses (lumbar spine radiculitis). Treatments to date have included medications and lumbar epidural steroid injection. The treating physician documented a plan of care that included Norco, Soma, and Lidoderm patches.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Norco 10/325mg #240:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines CRITERIA FOR USE OF OPIOIDS Page(s): 76-78, 88-90.

**Decision rationale:** Based on the 04/03/15 progress report provided by treating physician, the patient presents with low back pain rated 5-8/10. The request is for NORCO 10/325MG #240. RFA with the request not provided. Patient's diagnosis on 04/03/15 includes lumbar spine radiculitis. Physical examination on 04/03/15 revealed tenderness to the thoracic and lumbar spine junction, painful lumbar spine range of motion, and positive straight leg raise test. Treatment has included lumbar ESI on 02/17/15 and medications. Patient's medications include Norco, Soma, Lidoderm patch. The patient is off-work, per 01/02/15 report. Treatment reports were provided from 01/02/15 - 05/14/15. 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 p77 states, "function should include social, physical, psychological, daily and work activities, and should be performed using a validated instrument or numerical rating scale." MTUS p90 states, "Hydrocodone has a recommended maximum dose of 60mg/24hrs." Norco has been included in patient's medications, per progress reports dated 01/02/15 and 03/06/15. It is not known when Norco was initiated. Per 04/03/15 report, treater states "cont meds, which significantly decrease pain levels (50%) and increase ADL's." Per 01/05/15 report, treater states "We monitor the 4A's for ongoing monitoring: Analgesia, activities of daily living, adverse effects and aberrant drug taking behavior. For monitoring patients for long-term use of opioids we also utilize recommendations as noted on page 88 of the CAMTUS. For maintenance of the patient's medications we do not lower if the current medication is working as noted on page 89 of the CAMTUS. All our patient's sign a pain agreement and is kept on file. We monitor patient compliance by means of CURES reports and Urine Drug Screening." In this case, treater has addressed analgesia with pain scales, but has not stated how Norco significantly improves patient's activities of daily living with specific examples. MTUS states that "function should include social, physical, psychological, daily and work activities." Treater mentions no aberrant behavior, or adverse reactions, but there are no specific discussions or examples of ADLs, etc. No UDS's provided nor results discussed. No return to work, or change in work status, either. MTUS requires appropriate discussion of the 4As. Furthermore, the MTUS does not clearly support chronic opiate use for this kind of condition, chronic low back pain and radiculopathy. Given the lack of documentation as required by guidelines, the request IS NOT medically necessary.

**Soma 350mg #45:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Muscle relaxants (for pain).

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

**Decision rationale:** Based on the 04/03/15 progress report provided by treating physician, the patient presents with low back pain rated 5-8/10. The request is for SOMA 350MG #45. RFA

with the request not provided. Patient's diagnosis on 04/03/15 includes lumbar spine radiculitis. Physical examination on 04/03/15 revealed tenderness to the thoracic and lumbar spine junction, painful lumbar spine range of motion, and positive straight leg raise test. Treatment has included lumbar ESI on 02/17/15 and medications. Patient's medications include Norco, Soma, Lidoderm patch. The patient is off-work, per 01/02/15 report. Treatment reports were provided from 01/02/15 - 05/14/15. MTUS pg 63-66 states: "Muscle relaxants (for pain): Recommend non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbation in patients with chronic LBP. The most commonly prescribed antispasmodic agents are carisoprodol, cyclobenzaprine, metaxalone, and methocarbamol, but despite their popularity, skeletal muscle relaxants should not be the primary drug class of choice for musculoskeletal conditions. Cyclobenzaprine (Flexeril, Amrix, Fexmid, generic available): Recommended for a short course of therapy." MTUS, Chronic Pain Medication Guidelines, Muscle Relaxants, page 63-66: "Carisoprodol (Soma, Soprodon 350, Vanadom, generic available): Neither of these formulations is recommended for longer than a 2 to 3 week period." Abuse has been noted for sedative and relaxant effects. The request IS / IS NOT medically necessary. Soma has been included in patient's medications, per progress report dated 01/02/15. It is not known when Soma was initiated. Per 04/03/15 report, treater states "cont meds, which significantly decrease pain levels (50%) and increase ADL's." Per 01/05/15 report, treater states "We monitor the 4A's for ongoing monitoring: Analgesia, activities of daily living, adverse effects and aberrant drug taking behavior. For monitoring patients for long-term use of opioids we also utilize recommendations as noted on page 88 of the CAMTUS. For maintenance of the patient's medications we do not lower if the current medication is working as noted on page 89 of the CAMTUS. All our patient's sign a pain agreement and is kept on file. We monitor patient compliance by means of CURES reports and Urine Drug Screening." MTUS recommends Soma, only for a short period (no more than 2-3 weeks). The patient has been prescribed Soma at least since 01/02/15, which is more than 5 months from UR date of 06/2515. This request is not in accordance with guideline recommendations. Therefore, the request IS NOT medically necessary.

**Lidoderm 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 Topical lidocaine Topical analgesic Page(s): 56-57, 112. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (Chronic) Chapter under Lidoderm (lidocaine patch).

**Decision rationale:** Based on the 04/03/15 progress report provided by treating physician, the patient presents with low back pain rated 5-8/10. The request is for LIDODERM PATCH #30. RFA with the request not provided. Patient's diagnosis on 04/03/15 includes lumbar spine radiculitis. Physical examination on 04/03/15 revealed tenderness to the thoracic and lumbar spine junction, painful lumbar spine range of motion, and positive straight leg raise test. Treatment has included lumbar ESI on 02/17/15 and medications. Patient's medications include Norco, Soma, Lidoderm patch. The patient is off-work, per 01/02/15 report. Treatment reports were provided from 01/02/15 - 05/14/15. 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." ODG guidelines, Pain (Chronic) Chapter under Lidoderm (lidocaine patch) states: "Recommended for a trial if there is evidence of localized pain that is consistent with a neuropathic etiology...A Trial of patch treatment is recommended for a short-term period (no more than four weeks)...This medication is not generally recommended for treatment of osteoarthritis or treatment of myofascial pain/trigger points...The area for treatment should be designated as well as number of planned patches and duration for use (number of hours per day)...Continued outcomes should be intermittently measured and if improvement does not continue, lidocaine patches should be discontinued." Lidoderm patch has been included in patient's medications, per progress report dated 01/02/15. It is not known when Lidoderm patch was initiated. Per 04/03/15 report, treater states "cont meds, which significantly decrease pain levels (50%) and increase ADL's." Per 01/05/15 report, treater states "We monitor the 4A's for ongoing monitoring: Analgesia, activities of daily living, adverse effects and aberrant drug taking behavior. For monitoring patients for long-term use of opioids we also utilize recommendations as noted on page 88 of the CAMTUS... For maintenance of the patient's medications we do not lower if the current medication is working as noted on page 89 of the CAMTUS. All our patient's sign a pain agreement and is kept on file. We monitor patient compliance by means of CURES reports and Urine Drug Screening." However, treater has not provided medical rationale for the request. Lidocaine patches are not indicated for this patient's chief complaint of chronic lower back pain with leg component. MTUS guidelines state that Lidocaine patches are appropriate for localized peripheral neuropathic pain. This patient presents with lower back and lower extremity pain, not a localized peripheral neuropathic pain, for which Lidocaine patches are indicated. There is no documentation of other complaints for which this medication would be considered appropriate, either. This request is not in accordance with guideline indications. Therefore, the request IS NOT medically necessary.