

<b>Case Number:</b>	CM15-0135186		
<b>Date Assigned:</b>	07/23/2015	<b>Date of Injury:</b>	02/12/2007
<b>Decision Date:</b>	09/08/2015	<b>UR Denial Date:</b>	06/09/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/13/2015

### 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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

### 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 32-year-old male who sustained an industrial injury on 2/12/2007 resulting in radiating low back pain. He was diagnosed with lumbar herniated nucleus pulposus at L4-5 and L5-S1 with right-sided radiculopathy, and post lumbar fusion at L4-5 and L5-S1 with recurrence of low back pain. Treatment has included L4-5 and L5-S1 posterior lumbar interbody fusion which relieved pain and radiculopathy, pedicle screw hardware block, trigger point injection, physical therapy with some reported relief, home exercise, TENS unit, lumbar support brace, and medication. The injured worker continues to report chronic low back pain. The treating physician's plan of care includes Lidoderm Patch, Robaxin 750 mg, and Norco 10-325 mg for two months. Current work status not provided.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Lidoderm Patch #30:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical analgesics Page(s): 111.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Lidoderm (lidocaine patch), Topical Analgesics Page(s): 56, 57 and 111-113.

**Decision rationale:** The claimant sustained a work injury in February 2007 and is being treated for radiating back pain. When seen, there had been a recurrence of low back pain. There was decreased lumbar spine range of motion with muscle guarding. There was decreased lower extremity strength and sensation. Robaxin, Norco, and Lidoderm were prescribed. In terms of topical treatments, topical lidocaine in a formulation that does not involve a dermal-patch system could be recommended for localized peripheral pain. Lidoderm is not a first-line treatment and is only FDA approved for postherpetic neuralgia. Further research is needed to recommend this treatment for chronic neuropathic pain disorders other than postherpetic neuralgia. In this case, there are other topical treatments that could be considered. Lidoderm was not medically necessary.

**Robaxin 750mg BID #60:** Upheld

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

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

**Decision rationale:** The claimant sustained a work injury in February 2007 and is being treated for radiating back pain. When seen, there had been a recurrence of low back pain. There was decreased lumbar spine range of motion with muscle guarding. There was decreased lower extremity strength and sensation. Robaxin, Norco, and Lidoderm were prescribed. Robaxin is a muscle relaxant in the antispasmodic class. Although its mechanism of action is unknown, it appears to be related to central nervous system depressant effects with related sedative properties. Non-sedating muscle relaxants are recommended with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic low back pain. Use of 2-3 weeks is recommended. In this case, the quantity being prescribed is consistent with more than 3 weeks of use and was not medically necessary.

**Norco 10/325mg for 2 months #120:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use Page(s): 76-77.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use, Opioids, dosing pages Page(s): 76-80 and 86.

**Decision rationale:** The claimant sustained a work injury in February 2007 and is being treated for radiating back pain. When seen, there had been a recurrence of low back pain. There was decreased lumbar spine range of motion with muscle guarding. There was decreased lower extremity strength and sensation. Robaxin, Norco, and Lidoderm were prescribed. Norco (hydrocodone/acetaminophen) is a short acting combination opioid often used for intermittent or

breakthrough pain. In this case, it is being prescribed as part of the claimant's ongoing management. Although there are no identified issues of abuse or addiction and the total MED is less than 120 mg per day, there is no documentation that this medication has provided decreased pain, increased level of function, or improved quality of life. If being prescribed as initial treatment, a three-month supply would not be appropriate. Prescribing Norco was not medically necessary.