

<b>Case Number:</b>	CM15-0135783		
<b>Date Assigned:</b>	07/23/2015	<b>Date of Injury:</b>	06/03/2008
<b>Decision Date:</b>	08/20/2015	<b>UR Denial Date:</b>	06/23/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/14/2015

### 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:

This 49 year old male sustained an industrial injury to the low back on 6/3/08. Previous treatment included lumbar surgeries, physical therapy, injections, epidural steroid injections, medial branch blocks, spinal cord stimulator and medications. Computed tomography lumbar spine (9/24/12) showed status post right L4-5 laminectomy and fusion without complications and a very mild L5-S1 disc bulge. In an agreed medical evaluation dated 10/31/12, the injured worker complained of constant low back pain with radiation to the right lower extremity. Current medications included Xanax, Intermezzo, Cymbalta, Ability, Norco and Oxycontin. In the most recent documentation submitted for review, a letter dated 2/5/15, current medications included Suboxone, Gabapentin, Methocarbamol, Cymbalta, Trazodone, Abilify, Lidocaine patches, Wellbutrin, Norco and Ambien. Current diagnoses included muscle pain, psychalgia, lumbar spine radiculitis, sciatica, chronic pain, lumbar spine degenerative disc disease, lumbar post laminectomy syndrome, displacement of lumbar spine intervertebral disc without myelopathy, hypertension, insomnia, depression and lumbar spine spondylosis. No recent objective or subjective findings were submitted for review. The physician was requesting Hydroco/APAP tab 10/325mg #240 and Lidocaine pad 5% #60.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Hydroco/APAP tab 10/325mg #240 with no refill:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use Page(s): 79.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines (1) Opioids, criteria for use, (2) Opioids, dosing Page(s): 76-80, 86.

**Decision rationale:** The claimant has a remote history of a work injury occurring in June 2008 and continues to be treated for radiating back pain. Medications have included OxyContin, Suboxone, and Norco at total MED (morphine equivalent dose) well in excess of 120 mg per day. When seen, a spinal cord stimulator trial was being considered. There had been no improvement after epidural injections. Norco and Lidoderm were prescribed. Guidelines recommend against opioid dosing is in excess of 120 mg oral morphine equivalents per day. In this case, the total MED being prescribed is unknown and there is no evidence that opioid medications have provided decreased pain, increased level of function, or improved quality of life. Prescribing hydrocodone/acetaminophen was not medically necessary.

**Lidocaine pad 5% #60 with no refill:** 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 (1) Lidoderm (lidocaine patch). (2) Topical Analgesics Page(s): 56-57, 111-113.

**Decision rationale:** The claimant has a remote history of a work injury occurring in June 2008 and continues to be treated for radiating back pain. Medications have included OxyContin, Suboxone, and Norco at total MED (morphine equivalent dose) well in excess of 120 mg per day. When seen, a spinal cord stimulator trial was being considered. There had been no improvement after epidural injections. 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.