

<b>Case Number:</b>	CM15-0160949		
<b>Date Assigned:</b>	08/27/2015	<b>Date of Injury:</b>	01/03/2002
<b>Decision Date:</b>	09/30/2015	<b>UR Denial Date:</b>	07/22/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/17/2015

### 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 68 year old female, who sustained an industrial injury on January 3, 2002. The injured worker was diagnosed as having bilateral knee pain with degenerative joint disease (DJD), low back pain with radiculopathy, lumbar disc herniation and right total knee replacement. Treatment to date has included surgery, magnetic resonance imaging (MRI), electromyogram, therapy and medication. A progress note dated July 2, 2015 provides the injured worker complains of back pain with spasm radiating down both legs with burning and weakness. She rates the pain 4 out of 10 with medication and 8 out of 10 without medication. Medication is very helpful and increases function by 50%. Physical exam notes lumbar spasm, decreased range of motion (ROM), decreased sensation to light touch of the lower legs and foot and bilateral knee crepitus.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**1 prescription of Norco 10/325mg #240:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Medication for chronic pain Criteria For Use Of Opioids Page(s): 60, 61, 76-78, 88, 89.

**Decision rationale:** Based on the 07/07/15 progress report provided by treating physician, the patient presents with back pain that radiates to the legs, more on the right. The patient is status post right knee joint replacement in 2006. The request is for 1 Prescription Of Norco 10/325mg #240. Patient's diagnosis per Request for Authorization form dated 06/15/15 includes lumbar degenerative disc disease, and knee cartilage derangement of posterior horn of meniscus. Physical examination to the lumbar spine revealed spasm and decreased range of motion, especially on extension 5 degrees. Sensory loss to light touch and pinprick at right lateral calf and bottom of foot. Treatment to date has included surgery, imaging and electrodiagnostic studies, therapy and medications. Patient's medications include Norco, Zanaflex, Neurontin, Ibuprofen and Lidoderm patches. The patient is not working. 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." 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." Norco has been included in patient's medications, per progress reports dated 10/08/12, 04/29/14, 03/23/15, and 07/07/15. It is not known when this medication was initiated. Per 07/07/15 report, treater states the patient "reports 50% reduction in pain, 50% functional improvement with activities of daily living with the medications versus not taking them at all. Rating her pain an 8/10 at best a 4/10 with medications... she is under narcotic contract with our office. Urine drug screens have been appropriate... she cannot function without the medications." In this case, the MTUS does not clearly support chronic opiate use for the patient's chief complaint of chronic low back pain and radiculopathy. MTUS also does not support greater than 120 mg equivalent Morphine dosing without pain management specialty consult and very special circumstances. Finally, while the treater has discussed analgesia in addressing the 4A's, treater has not stated how Norco significantly improves patient's activities of daily living. MTUS states that "function should include social, physical, psychological, daily and work activities." Treater states UDS's are appropriate; but there are no specific discussions regarding aberrant behavior, adverse reactions or CURES reports. No return to work, or change in work status, either. MTUS requires appropriate discussion of the 4As. Therefore, the request is not medically necessary.

**1 prescription of Lidoderm patch 5% #60: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Lidoderm (Lidocaine Patches) Page(s): 56-57, 112.

**Decision rationale:** Based on the 07/07/15 progress report provided by treating physician, the patient presents with back pain that radiates to the legs, more on the right. The patient is status post right knee joint replacement in 2006. The request is for 1 Prescription Of Lidoderm Patch 5% #60. Patient's diagnosis per Request for Authorization form dated 06/15/15 includes lumbar

degenerative disc disease, and knee cartilage derangement of posterior horn of meniscus. Physical examination to the lumbar spine revealed spasm and decreased range of motion, especially on extension 5 degrees. Sensory loss to light touch and pinprick at right lateral calf and bottom of foot. Treatment to date has included surgery, imaging and electrodiagnostic studies, therapy and medications. Patient's medications include Norco, Zanaflex, Neurontin, Ibuprofen and Lidoderm patches. The patient is not working. MTUS guidelines page 56, 57 Lidoderm (Lidocaine Patches) Section states that "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." Lidoderm patch has been included in patient's medications, per progress reports dated 10/08/12, 04/29/14, 03/23/15, and 07/07/15. It is not known when this medication was initiated. Per 07/07/15 report, treater states the patient "reports 50% reduction in pain, 50% functional improvement with activities of daily living with the medications versus not taking them at all. Rating her pain an 8/10 at best a 4/10 with medications...she is under narcotic contract with our office... she cannot function without the medications." In this case, treater has not provided reason for the request nor location to be treated. MTUS guidelines state that Lidocaine patches are appropriate for localized peripheral neuropathic pain. Lidoderm patches are not indicated for the patient's chief complaint of low back pain. The patient presents with knee pain, for which this medication would be indicated, but there is no documentation of how the Lidoderm patch is used, how often and with what efficacy in terms of pain reduction and functional improvement. MTUS page 60 require recording of pain and function when medications are used for chronic pain. This request is not in accordance with guideline indications. Therefore, the request is not medically necessary.

### **1 prescription of Zanaflex 4mg #60: Overturned**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants for pain Page(s): 66.

**Decision rationale:** Based on the 07/07/15 progress report provided by treating physician, the patient presents with back pain that radiates to the legs, more on the right. The patient is status post right knee joint replacement in 2006. The request is for 1 Prescription Of Zanaflex 4mg #60. Patient's diagnosis per Request for Authorization form dated 06/15/15 includes lumbar degenerative disc disease, and knee cartilage derangement of posterior horn of meniscus. Physical examination to the lumbar spine revealed spasm and decreased range of motion, especially on extension 5 degrees. Sensory loss to light touch and pinprick at right lateral calf and bottom of foot. Treatment to date has included surgery, imaging and electrodiagnostic studies, therapy and medications. Patient's medications include Norco, Zanaflex, Neurontin, Ibuprofen and Lidoderm patches. The patient is not working. MTUS, page 66, Muscle Relaxants for pain Section states: "Anti-spasticity/Antispasmodic Drugs: Tizanidine (Zanaflex, generic available) is a centrally acting alpha2-adrenergic agonist that is FDA approved for management of spasticity; unlabeled use for low back pain. One study (conducted only in females) demonstrated a significant decrease in pain associated with chronic myofascial pain syndrome and the authors recommended its use as a first line option to treat myofascial pain." MTUS p60 also states, "A record of pain and function with the medication should be recorded," when medications are used for chronic pain. Zanaflex has been included in patient's medications, per progress reports dated 10/08/12, 04/29/14, 03/23/15, and 07/07/15. It is not known when this

medication was initiated. Per 07/07/15 report, treater states the patient "reports 50% reduction in pain, 50% functional improvement with activities of daily living with the medications versus not taking them at all. Rating her pain an 8/10 at best a 4/10 with medications... she is under narcotic contract with our office. Urine drug screens have been appropriate... she cannot function without the medications." Given the patient's chronic pain and documented improvement, this request appears reasonable and in accordance with guidelines. Therefore, the request is medically necessary.