

<b>Case Number:</b>	CM15-0161015		
<b>Date Assigned:</b>	08/27/2015	<b>Date of Injury:</b>	09/02/1998
<b>Decision Date:</b>	10/02/2015	<b>UR Denial Date:</b>	08/04/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/18/2015

### 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: Family Practice

### 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 57-year-old female, who sustained an industrial injury on September 2, 1998, incurring cervical spine injuries. He underwent a cervical discectomy and fusion in April 1999, and a second cervical fusion in February 2010. He was diagnosed with cervical disc disease with disc protrusion and cervical stenosis. Treatment included pain medications, anti-inflammatory drugs, muscle relaxants, topical analgesic patches, surgical interventions, and physical therapy and activity modifications. Currently, the injured worker complained of persistent neck pain and spasms radiating into her right upper extremity. Her symptoms increased with activities of daily living, lifting and repetitive motion. The treatment plan that was requested for authorization included prescriptions for Norco, Lidocaine (Lidoderm) patch and Baclofen.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Norco 5/325mg, 1 p.o every 6 hours/every 12 hours, p.r.n. pain #120 no refills documented:**  
Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 78-78, 88, 91 of 127.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids for chronic pain Page(s): 80-82.

**Decision rationale:** This patient receives treatment for chronic neck pain and muscle spasms in the trapezius region. This relates back to an industrial injury claim dated 09/02/1998. This review addresses a request for Norco 5/325 m #120. The patient has failed neck syndrome, having had two neck operations: a cervical discectomy with fusion in 1999 and instrumentation and foraminotomy in 2001. On exam, there is tenderness on palpation in the paracervical muscles, loss of sensation in the C5-C7 dermatome, and R hand atrophy with motor weakness. The patient had nausea, gastritis, and constipation secondary to medications. Norco 5/325 mg contains 5 mg of hydrocodone, an opioid, per pill. Four a day would yield 20 mg of hydrocodone. This patient has become opioid dependent, exhibits opioid tolerance, and may be exhibiting hyperalgesia, which are all associated with long-term opioid treatment. Opioids are not recommended for the long-term management of chronic pain, because clinical studies fail to show either adequate pain control or a return to function, when treatment relies on opioid therapy. The documentation fails to document any quantitative assessment of return to function while taking the medication, which is an important clinical measure of drug effectiveness. The gastrointestinal symptoms may be secondary to the hydrocodone. Based on the documentation treatment with Norco is not medically indicated.

**Lidocaine (Lidoderm) patch 5% #60, no frequency or duration documented and no refills documented:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Lidocaine (Lidoderm) patch Page(s): 56 of 127.

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

**Decision rationale:** This patient receives treatment for chronic neck pain and muscle spasms in the trapezius region. This relates back to an industrial injury claim dated 09/02/1998. This review addresses a request for Lidoderm patches 5% #60, directions on use, not documented. The patient has failed neck syndrome, having had two neck operations: a cervical discectomy with fusion in 1999 and instrumentation and foraminotomy in 2001. On exam, there is tenderness on palpation in the paracervical muscles, loss of sensation in the C5-C7 dermatome, and R hand atrophy with motor weakness. Lidoderm is a patented topical delivery system containing Lidocaine, an anesthetic agent. This brand of patch is FDA approved for neuropathic pain. Lidoderm is also used off-label to treat diabetic neuropathy of the extremities. There is no documentation that this patient has diabetic neuropathy or other peripheral neuropathy. This agent is not approved for non-neuropathic pain. The documentation does not make clear what the exact intended dosage is to be. Lidoderm patches are not medically indicated.

**Baclofen 10mg, 1 p.o t.i.d #90 no refills documented:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Anti-spasticity medication Page(s): 63, 64 of 127.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants for chronic pain Page(s): 63-65.

**Decision rationale:** This patient receives treatment for chronic pain neck and muscle spasms in the trapezius region. This relates back to an industrial injury claim dated 09/02/1998. This review addresses a request for Baclofen 10 mg 1 TID. The patient has failed neck syndrome, having had two neck operations: a cervical discectomy with fusion in 1999 and instrumentation of foraminotomy in 2001. On exam, there is tenderness on palpation in the paracervical muscles, loss of sensation in the C5-C7 dermatome, and R hand atrophy with motor weakness. The patient had nausea, gastritis, and constipation secondary to medications. Baclofen is a muscle relaxer. Baclofen may be medically indicated for the short-term management of acute muscle spasm, as a second-line agent. Using Baclofen over the long-term (more than 2-3 weeks) is not recommended. Prolonged usage may cause significant side effects. Side effects include sedation and medication dependence. Baclofen is not medically indicated.