

<b>Case Number:</b>	CM15-0168023		
<b>Date Assigned:</b>	09/08/2015	<b>Date of Injury:</b>	05/21/2001
<b>Decision Date:</b>	10/23/2015	<b>UR Denial Date:</b>	08/04/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/26/2015

### 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 58 year old male, who sustained an industrial injury on 5-21-01. The injured worker was diagnosed as having displacement of lumbar intervertebral disc without myelopathy, lesion of ulnar nerve, carpal tunnel syndrome and degeneration of lumbar intervertebral disc. Treatment to date has included physical therapy, home exercise program, gym membership, oral medications including Celebrex, Norco and Ibuprofen; topical Lidoderm patch; (TENS) unit and activity restrictions. Currently on 7-22-15, the injured worker complains of low back pain and bilateral lower extremity pain, which he states has increased since last visit. Physical exam performed on 7-22-15 revealed forward flexed body posture and wearing a lumbar spine brace. A request for authorization was submitted on 7-27-15 for Lidoderm 5% patch #30, Ibuprofen 600mg #90 and Norco 10-325mg #60.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Lidoderm 5% patches, thirty count with two refills:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Lidoderm (lidocaine patch).

**Decision rationale:** The 58 year old patient complains of lower back pain and bilateral lower extremity pain, as per progress report dated 07/22/15. The request is for Lidoderm 5% Patches, Thirty Count with two refills. The RFA for this case is dated 07/27/15, and the patient's date of injury is 05/21/01. Diagnoses, as per progress report dated 07/22/15, included degeneration of lumbar intervertebral disc, ulnar nerve entrapment, displacement of lumbar intervertebral disc, carpal tunnel syndrome, and degeneration of lumbar intervertebral disc. Medications included Lidoderm patch, Norco, Ibuprofen and Celebrex. The patient is not working, as per the same progress report. MTUS Chronic Pain Medical Treatment Guidelines 2009, page 57, Lidoderm (Lidocaine patch) section 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)." MTUS Page 112 also states, "Lidocaine Indication: Neuropathic pain Recommended for localized peripheral pain." When reading ODG guidelines, chapter "Pain (Chronic)" and topic "Lidoderm (Lidocaine patch)", it specifies that lidoderm patches are indicated as a trial if there is "evidence of localized pain that is consistent with a neuropathic etiology." ODG further requires documentation of the area for treatment, trial of a short-term use with outcome documenting pain and function. In this case, a prescription for Lidoderm patch is first noted in progress report dated 03/25/15. While it is evident that the patient has been using it consistently since then, it is not clear when the medication was initiated. As per progress report dated 07/22/15, the patient is using the Lidoderm patch for "neuropathic pain." In the report, the treater states that medications "have improved his function." The treater also states "medications continue to decrease patient's pain by >50% and allow patient to maintain current level of function which included ADLs and HEP." Lidoderm patch, however, is listed as a treatment for lumbar intervertebral disc displacement. MTUS only supports the use of this patch for localized peripheral neuropathy. Hence, the request is not medically necessary.

**Ibuprofen 600 mg, ninety count with two refills:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Anti-inflammatory medications.

**Decision rationale:** The 58 year old patient complains of lower back pain and bilateral lower extremity pain, as per progress report dated 07/22/15. The request is for Ibuprofen 600 mg, ninety count with two refills. The RFA for this case is dated 07/27/15, and the patient's date of injury is 05/21/01. Diagnoses, as per progress report dated 07/22/15, included degeneration of lumbar intervertebral disc, ulnar nerve entrapment, displacement of lumbar intervertebral disc, carpal tunnel syndrome, and degeneration of lumbar intervertebral disc. Medications included Lidoderm patch, Norco, Ibuprofen and Celebrex. The patient is not working, as per the same progress report. MTUS Chronic Pain Medical Treatment Guidelines 2009, pg 22 Anti-inflammatory medications section states: "Anti-inflammatories are the traditional first line of treatment, to reduce pain so activity and functional restoration can resume, but long-term use

may not be warranted. A comprehensive review of clinical trials on the efficacy and safety of drugs for the treatment of low back pain concludes that available evidence supports the effectiveness of non-selective nonsteroidal anti-inflammatory drugs (NSAIDs) in chronic LBP and of antidepressants in chronic LBP." MTUS pg60 under Medications for chronic pain also states, "A record of pain and function with the medication should be recorded," when medications are used for chronic pain. In this case, a prescription for Ibuprofen is first noted in progress report dated 03/25/15. While it is evident that the patient has been using it consistently since then, it is not clear when the medication was initiated. As per progress report dated 07/22/15, the patient is using Ibuprofen "as an anti-inflammatory." In the report, the treater states that medications "have improved his function." The treater also states "medications continue to decrease patient's pain by >50% and allow patient to maintain current level of function which included ADLs and HEP." Given the efficacy, the request appears reasonable and is medically necessary.

**Norco 10/325 mg, sixty count:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Medications for chronic pain, Opioids, criteria for use, Opioids for chronic pain.

**Decision rationale:** The 58 year old patient complains of lower back pain and bilateral lower extremity pain, as per progress report dated 07/22/15. The request is for Norco 10/325 mg, sixty count. The RFA for this case is dated 07/27/15, and the patient's date of injury is 05/21/01. Diagnoses, as per progress report dated 07/22/15, included degeneration of lumbar intervertebral disc, ulnar nerve entrapment, displacement of lumbar intervertebral disc, carpal tunnel syndrome, and degeneration of lumbar intervertebral disc. Medications included Lidoderm patch, Norco, Ibuprofen and Celebrex. The patient is not working, as per the same progress report. MTUS, criteria for use of opioids section, 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, criteria for use of opioids section, 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, criteria for use of opioids section, p77, states that "function should include social, physical, psychological, daily and work activities, and should be performed using a validated instrument or numerical rating scale." MTUS, medications for chronic pain section, page 60 states that "Relief of pain with the use of medications is generally temporary, and measures of the lasting benefit from this modality should include evaluating the effect of pain relief in relationship to improvements in function and increased activity." MTUS p90 states, "Hydrocodone has a recommended maximum dose of 60mg/24hrs." In this case, a prescription for Norco is first noted in progress report dated 03/25/15. While it is evident that the patient has been using it consistently since then, it is not clear when the medication was initiated. As per progress report dated 07/22/15, the patient is using Norco "for more severe flares of pain." In the report, the treater states that medications "have improved his function."

The treater also states "medications continue to decrease patient's pain by >50% and allow patient to maintain current level of function which included ADLs and HEP." The patient uses medications appropriately and there are no adverse side effects. He is CURES compliant and UDS, dated 09/04/14, was consistent. MTUS, however, requires documentation of objective functional improvement using validated instruments, or questionnaires with specific categories for continued opioid use. Additionally, MTUS p80, 81 states regarding chronic low back pain: "Appears to be efficacious but limited for short-term pain relief, and long-term efficacy is unclear (>16 weeks), but also appears limited." Long-term use of opiates may be indicated for nociceptive pain as it is "Recommended as the standard of care for treatment of moderate or severe nociceptive pain (defined as pain that is presumed to be maintained by continual injury with the most common example being pain secondary to cancer)." However, this patient does not present with pain that is "presumed to be maintained by continual injury." Hence, the request is not medically necessary.