

<b>Case Number:</b>	CM15-0181883		
<b>Date Assigned:</b>	09/23/2015	<b>Date of Injury:</b>	05/15/2012
<b>Decision Date:</b>	10/28/2015	<b>UR Denial Date:</b>	08/27/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/15/2015

### 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 34 year old individual who sustained an industrial injury on 05-15-2012. The injured worker was diagnosed with lumbago. According to the treating physician's progress report on August 20, 2015, the injured worker continues to experience low back pain and right upper shoulder blade problems. The progress report noted the injured worker's condition remains the same with pain rated at 6 out of 10 with medications and 9 out of 10 on the pain scale without medications. The injured worker performs activities of daily living on his own including making meals and home exercise program on a daily basis. The injured worker is currently not working. There was no physical examination performed on August 20, 2015. The provider noted waiting for response on epidural steroid injection. The progress noted dated June 25, 2015 noted the injured worker attended acupuncture therapy sessions once monthly. Objective findings on June 25, 2015 noted left leg numbness and weakness at 3 out of 5 at L5-S1. A positive left straight leg raise was documented. Prior treatments included diagnostic testing, orthopedic consultation, physical therapy, home exercise program, acupuncture therapy and medications. Current medications were listed as Norco, Lidoderm patches and Ibuprofen. On 08-18-2015, the provider requested authorization for Norco 10mg-325mg, #120, Lidoderm 5% patch #90 and Motrin 800mg #60.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Norco10/325mg #120:** 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): Opioids, criteria for use, Opioids, long-term assessment.

**Decision rationale:** The claimant sustained a work injury in May 2012 and continues to be treated for right shoulder and low back pain. When seen, medications were decreasing pain from 9/10 to 6/10. Physical examination findings are referenced as unchanged with a prior assessment having included findings of positive left straight leg raising with decreased left lower extremity strength and decreased lower extremity sensation. In May 2015, Motrin is referenced as providing better pain relief than Naprosyn and Norco was being prescribed at 10/325 mg #150. The current request includes authorization for Norco 10/325 mg #120. When prescribing controlled substances for pain, satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. 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. There are no identified issues of abuse or addiction and medications are providing decreased pain. The total MED is less than 120 mg per day consistent with guideline recommendations and there is evidence of recent weaning to a lower dose. Continued prescribing was medically necessary.

**Lidoderm 5% patch #90:** 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), Topical Analgesics.

**Decision rationale:** The claimant sustained a work injury in May 2012 and continues to be treated for right shoulder and low back pain. When seen, medications were decreasing pain from 9/10 to 6/10. Physical examination findings are referenced as unchanged with a prior assessment having included findings of positive left straight leg raising with decreased left lower extremity strength and decreased lower extremity sensation. In May 2015, Motrin is referenced as providing better pain relief than Naprosyn and Norco was being prescribed at 10/325 mg #150. The current request includes authorization for Norco 10/325 mg #120. Topical lidocaine in a formulation that does not involve a dermal-patch system can 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, other topical treatments could be considered. Lidoderm is not considered medically necessary.

**Motrin 800mg #60:** 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): NSAIDs, specific drug list & adverse effects, NSAIDs (non-steroidal anti-inflammatory drugs).

**Decision rationale:** The claimant sustained a work injury in May 2012 and continues to be treated for right shoulder and low back pain. When seen, medications were decreasing pain from 9/10 to 6/10. Physical examination findings are referenced as unchanged with a prior assessment having included findings of positive left straight leg raising with decreased left lower extremity strength and decreased lower extremity sensation. In May 2015, Motrin is referenced as providing better pain relief than Naprosyn and Norco was being prescribed at 10/325 mg #150. The current request includes authorization for Norco 10/325 mg #120. Oral NSAIDS (non-steroidal anti-inflammatory medications) are recommended for treatment of chronic persistent pain and for control of inflammation. Recommended dosing of ibuprofen ranges from 1200 mg per day and should not exceed 3200 mg/day. In this case, the requested dosing is within guideline recommendations and Motrin had been more effective than Naprosyn. Ongoing prescribing was medically necessary.