

<b>Case Number:</b>	CM15-0181997		
<b>Date Assigned:</b>	09/23/2015	<b>Date of Injury:</b>	09/15/2007
<b>Decision Date:</b>	12/08/2015	<b>UR Denial Date:</b>	09/09/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/16/2015

### 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, Arizona

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 59 year old female, who sustained an industrial injury on 9-15-2007. The medical records indicate that the injured worker is undergoing treatment for lumbar spondylosis and post lumbar laminectomy syndrome. According to the progress report dated 7-6-2015, the injured worker presented with complaints of constant low back pain with radiation down the posterior aspect of the right leg to the calf into the first and second toe on the right side. On a subjective pain scale, she rates her pain 5 out of 10. The physical examination of the lumbar spine reveals moderate tenderness to palpation over the bilateral paravertebral muscles, limited range of motion, and negative straight leg raise. She reports that she is stable on her current pain medication regimen. The current medications are Norco, Lidoderm, Naproxen, and Topamax. There is documentation of ongoing treatment with the above list medications since at least 2-9-2015. Previous diagnostic studies include MRI of the lumbar spine. Treatments to date include medication management, functional restoration program, medial branch block, and surgical intervention. Work status is not specified. The original utilization review (9-9-2015) had non-certified a request for Lidoderm, Topamax, Naprosyn, and Norco.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Lidoderm #90 with 1 refill:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

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

**Decision rationale:** Regarding Lidoderm patches, the California MTUS Chronic Pain Medical Treatment Guidelines recommend use for localized peripheral pain after evidence of a trial of first line therapy. This is not a first line treatment and is only approved for post-herpetic neuralgia. Further research is needed to recommend this treatment for chronic neuropathic pain disorders other than post-herpetic neuralgia. The injured worker does not maintain a diagnosis of post-herpetic neuralgia and is also currently taking first line agent Topamax, an anticonvulsant, for neuropathic pain. The submitted records do not provide extenuating circumstances to justify the use for Lidoderm and as such, this request is not medically necessary.

**Topamax 25mg #60 with 1 refill:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Antiepilepsy drugs (AEDs).

**Decision rationale:** CA MTUS Guidelines state Topamax has been shown to have failure to demonstrate efficacy in neuropathic pain of central etiology. It is considered for neuropathic pain when other anti-convulsants have failed. Within the submitted records, there is mention of pain medications helping pain symptoms but there is no specific pre and post VAS scores, with improvements in pain scores outlined secondary to the use of Topamax. At this time, the ongoing use of this medication cannot be supported. This request is not medically necessary.

**Naproxyn 500mg #60 with 1 refill:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): NSAIDs (non-steroidal anti-inflammatory drugs).

**Decision rationale:** As per MTUS Chronic Pain Guidelines, NSAIDs are useful for osteoarthritis related pain. Due to side effects, and risks of adverse reactions, MTUS recommends as low a dose as possible for as short a course as possible. Acetaminophen should be considered initial therapy in those with mild to moderate osteoarthritic pain. Within the submitted records, the efficacy of Naproxen, an NSAID, does not appear significant and there are no pre and post VAS scores noted, with improvements attributed to the use of Naproxen.

There is no evidence of functional improvements, or improvements in the ability to participate in activities of daily living as a result of Naproxen use. At this time, the request is not medically necessary.

**Norco 10/325mg #40:** Overturned

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

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

**Decision rationale:** The California MTUS guidelines allows for the use of opioid medication, such as Tylenol #3, for the management of chronic pain and outlines clearly the documentation that would support the need for ongoing use of an opioid. These steps include documenting pain and functional improvement using validated measures at 6 months intervals, documenting the presence or absence of any adverse effects, documenting the efficacy of any other treatments and of any other medications used in pain treatment. Within the submitted records, the 4 A's (analgesia, activities of daily living, aberrant behavior, and adverse side effects) were clearly outlined and the efficacy of Norco appears significant. Ongoing use as such, is appropriate and medically necessary and the request certified.