

<b>Case Number:</b>	CM15-0182526		
<b>Date Assigned:</b>	09/23/2015	<b>Date of Injury:</b>	03/15/2006
<b>Decision Date:</b>	11/06/2015	<b>UR Denial Date:</b>	09/03/2015
<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: Texas, 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 40 year old male who sustained an industrial injury on 3-15-06. The impression is noted as chronic idiopathic pain, chronic lumbalgia with radiation into bilateral lower extremities, chronic lumbar radiculopathy, status post permanent implantation lumbar spinal cord stimulator 7-2010, and cervicgia. In a progress report dated 6-24-15, the provider notes he has had a relapse with treatment break with increased pain and increased use of narcotic medication. He presents with symptoms of chronic pain, depression and anxiety. The plan is for cognitive behavioral therapy and pain management. Previous treatment noted includes medication- including Elavil and Neurontin, a spinal cord stimulator, and psychiatric treatment. In a progress report dated 8-20-15, the physician notes over the past month, his lowest pain level was rated at 6 out of 10, highest was 9 out of 10 and average was 7 out of 10. Pain is described as aching, throbbing, tingling, tightness, spasms, tenderness, weakness, hyper-sensitivity and pressure. It is noted he experiences ongoing difficulty with pain in the neck, bilateral shoulders, bilateral upper extremities, upper back, mid back, low back and down the right leg to the ankle. Also noted is that he has been without medications for 2-3 months and has experienced withdrawal and pain is much worse than when he had access to his medications. It is reported that the spinal cord stimulator is not functioning as well as before. Current medications are Lidocaine 5% Patch (700mg-patch) 1 every 12 hours, Opana 5mg 1 every 8 hours as needed for breakthrough pain, Norco 10-325mg 1 every 6 hours as needed for pain, Opana ER 15mg 1 every 12 hours as needed for breakthrough pain, Methadone HCL 10mg 1 every 8 hours as needed for severe pain, and Nexium DR 20mg. An opioid agreement is on file.

Functional improvements noted with medication are relief lasts approximately 8-12 hours and he can walk 15-20 minutes, sit for 30-60 minutes, stand for 20-30 minutes, sleep through the night, sustain activity for 20-25 minutes is able to spend most of the day out of bed, prepare small meals, and shower and dress unassisted. Without medication he is limited to 30-40 seconds of walking, 5-10 minutes of sitting, 5 minutes of standing, 30 minutes of sleeping, 2-3 minutes of sustained activity, spends nearly all of his time in bed and requires assistance for showering and dressing and cannot cook or clean. Physical exam reveals tenderness and guarding of the cervical and lumbar paraspinal musculature and decreased range of motion secondary to pain. He ambulates with an antalgic gait and uses a single point cane. Work status is to remain off work and he is permanent and stationary. On 9-3-15, the requested treatment of Lidocaine 5% Patch 700mg- Patch) #30 with 3 refills was modified to 1 prescription of Lidocaine 5% Patch (700mg-Patch) #30 and Opana 5mg #90 was modified to 1 prescription of Opana 5mg #24. The patient sustained the injury due to MVA. The patient has had history of failure of Neurontin trial. The patient has had UDS on 3/13/13 and 11/14/12 that was positive for Oxymorphone and Tapentadol. A recent urine drug screen report was not specified in the records provided.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**Lidocaine 5% patch (700 mg/patch), thirty count with three 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), Topical Analgesics.

**Decision rationale:** Request: Lidocaine 5% patch (700 mg/patch), thirty count with three refills. According to the MTUS Chronic Pain Guidelines regarding topical analgesics state that the use of topical analgesics is "Largely experimental in use with few randomized controlled trials to determine efficacy or safety, primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed." There is little to no research to support the use of many of these agents. Per the cited guidelines, "Topical lidocaine, in the formulation of a dermal patch (Lidoderm) has been designated for orphan status by the FDA for neuropathic pain. Lidoderm is also used off-label for diabetic neuropathy. No other commercially approved topical formulations of lidocaine (whether creams, lotions or gels) are indicated for neuropathic pain. Non-dermal patch formulations are generally indicated as local anesthetics and anti-pruritics. Further research is needed to recommend this treatment for chronic neuropathic pain disorders other than post-herpetic neuralgia." Evidence of post herpetic neuralgia or diabetic neuropathy is not specified in the records provided, in this patient. Topical lidocaine is not recommended by MTUS in such a patient. MTUS guidelines recommend topical analgesics for neuropathic pain only when trials of antidepressants and anticonvulsants have failed to relieve symptoms. The response to a trial of antidepressants for chronic pain is not specified in the records provided. The request for Lidocaine 5% patch (700 mg/patch), thirty count with three refills is not medically necessary.

**Opana 5 mg, ninety count:** 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.

**Decision rationale:** Request: Opana 5 mg, ninety count. This is an opioid analgesic. According to CA MTUS guidelines cited below, "A therapeutic trial of opioids should not be employed until the patient has failed a trial of non-opioid analgesics. Before initiating therapy, the patient should set goals, and the continued use of opioids should be contingent on meeting these goals." Other criteria for ongoing management of opioids are: "The lowest possible dose should be prescribed to improve pain and function, continuing review of the overall situation with regard to nonopioid means of pain control. Ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects." In addition according to the cited guidelines "Short-acting opioids: also known as normal-release or immediate-release opioids are seen as an effective method in controlling chronic pain. They are often used for intermittent or breakthrough pain." The patient has had history of chronic lumbar radiculopathy, status post permanent implantation lumbar spinal cord stimulator 7-2010. In a progress report dated 6-24-15, the provider notes he has had a relapse with treatment break with increased pain and increased use of narcotic medication. He presents with symptoms of chronic pain, depression and anxiety. In a progress report dated 8-20-15, the physician notes over the past month, his lowest pain level was rated at 6 out of 10, highest was 9 out of 10 and average was 7 out of 10. Pain is described as aching, throbbing, tingling, tightness, spasms, tenderness, weakness, hypersensitivity and pressure. It is noted he experiences ongoing difficulty with pain in the neck, bilateral shoulders, bilateral upper extremities, upper back, mid back, low back and down the right leg to the ankle. Also noted is that he has been without medications for 2-3 months and has experienced withdrawal and pain is much worse than when he had access to his medications. An opioid agreement is on file. Functional improvements noted with medication are relief lasts approximately 8-12 hours and he can walk 15-20 minutes, sit for 30-60 minutes, stand for 20-30 minutes, sleep through the night, sustain activity for 20-25 minutes is able to spend most of the day out of bed, prepare small meals, and shower and dress unassisted. Without medication he is limited to 30-40 seconds of walking, 5-10 minutes of sitting, 5 minutes of standing, 30 minutes of sleeping, 2-3 minutes of sustained activity, spends nearly all of his time in bed and requires assistance for showering and dressing and cannot cook or clean. The physical exam reveals tenderness and guarding of the cervical and lumbar paraspinal musculature and decreased range of motion secondary to pain. He ambulates with an antalgic gait and uses a single point cane. The patient has had a history of failure of Neurontin trial. The patient has had UDS on 3/13/13 and 11/14/12 that was positive for Oxymorphone and Tapentadol. Patient has had a trial of non opioid medications for chronic pain including Elavil and Neurontin, for this injury. There is no evidence of aberrant behavior. This medication is deemed medically appropriate and necessary to treat any exacerbations of the pain on an as needed/prn basis. The request for Opana 5 mg, ninety count is medically necessary.

