

<b>Case Number:</b>	CM15-0186783		
<b>Date Assigned:</b>	09/28/2015	<b>Date of Injury:</b>	10/02/2012
<b>Decision Date:</b>	12/01/2015	<b>UR Denial Date:</b>	09/02/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/22/2015

### 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: New York

Certification(s)/Specialty: Internal Medicine

### 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 39 year old male who sustained an industrial injury on October 02, 2012. A recent follow up visit dated August 19, 2015 reported problems consisting of scar neuroma, chronic pain and myofascial pain, left. He had subjective complaint of left side calf pain that radiates described as aching, burning, throbbing pain constantly. There is note of discontinued medications including: Mobic, Orphenadrine, Lidocaine patches, and Ultram; all with denials. Previous treatment to include: activity modification, referral for spinal cord stimulator evaluation and cognitive behavioral therapy session. Current medications consisted of: Botox, compound topical cream, Hydrocodone, Lidocaine, Meloxicam, and Orphenadrine. All medications prescribed this visit. The assessment noted the worker with: myofascial pain, scar neuroma, and chronic pain. Follow up dated March 10, 2015 reported Botox injections prescribed initially, and medication regimen unchanged. On August 05, 2015 a request was made for medications: Hydrocodone 5mg 325mg #90, Meloxicam 7.5mg #60, Lidocaine %5 #30, and Orphenadrine ER #60 all non-certified by Utilization Review on September 02, 2015.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Hydrocodone 5mg/Acetaminophen 325mg, #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): Opioids, California Controlled Substance Utilization Review and Evaluation System (CURES) [DWC], Opioids for chronic pain. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter-Opioids.

**Decision rationale:** According to the CA MTUS and ODG, Percocet 10/325mg (oxycodone/Acetaminophen) is a short-acting opioid analgesic indicated for moderate to moderately severe pain, and is used to manage both acute and chronic pain. The treatment of chronic pain with any opioid analgesic requires review and documentation of pain relief, functional status, appropriate medication use, and side effects. A pain assessment should include current pain, intensity of pain after taking the opiate, and the duration of pain relief. In this case, there is no documentation of the medication's functional benefit. Medical necessity of the requested item has not been established. Of note, discontinuation of an opioid analgesic should include a taper, to avoid withdrawal symptoms. The requested medication is not medically necessary.

**Meloxicam 7.5mg, #60:** 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): NSAIDs (non-steroidal anti-inflammatory drugs).

**Decision rationale:** Meloxicam (Mobic) is a nonsteroidal anti-inflammatory drug (NSAID) used to treat symptoms of osteoarthritis (OA) and rheumatoid arthritis (RA). MTUS-Definitions identifies that any treatment intervention should not be continued in the absence of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services. The MTUS recommends NSAIDs as the first line of treatment to reduce pain so the activity and functional restoration can resume or improve, but is not recommended as a long-term treatment option as there is no evidence of long-term effectiveness for pain or function, and long-term use increases risks for cardiovascular, gastrointestinal and renal function problems. After review of the clinical documentation submitted, it was noted that the injured worker had a been prescribed Mobic (meloxicam) for almost a year with no noted measurable improvement in function, improved quality of life or reduction in pain in relation to use of this medication. Additionally, there was no evidence or diagnoses of OA or RA. As such, meloxicam 7.5mg, #60 is not medically necessary as requested.

**Lidocaine 5%, (700mg/patch) #30:** 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): Topical Analgesics. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter--Lidoderm® (lidocaine patch).

**Decision rationale:** Topical lidocaine may be recommended for localized peripheral pain after there has been evidence of a trial of first-line therapy (tricyclic or SNRI anti-depressants, or an AED, such as gabapentin or Lyrica). Lidoderm patches are not a first-line treatment and are only FDA approved for post-herpetic neuralgia. Further research is needed to recommend this treatment for chronic neuropathic pain disorders other than post-herpetic neuralgia. In addition, this medication is not generally recommended for treatment of osteoarthritis or treatment of myofascial pain/trigger points. Submitted Records are not clear about neuropathic pain in this injured worker and there is no documentation that this injured worker has failed a trial of antidepressants and anticonvulsants and is intolerant to other medicines. Based on the currently available information in the submitted medical records of this injured worker, and per review of guidelines, the medical necessity of the requested treatment: Lidocaine 5%, (700mg/patch) #30 is not medically necessary and appropriate.

**Orphenadrine Citrate ER 100mg, #60: 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): Muscle relaxants (for pain). Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter --Muscle relaxants.

**Decision rationale:** According to CA MTUS guidelines, muscle relaxants are not considered any more effective than nonsteroidal anti-inflammatory drugs (NSAIDs) alone, and are not recommended for the long-term use of chronic pain. According to the ODG, Orphenadrine (Norflex) is a muscle relaxant similar to diphenhydramine, but has greater anticholinergic effects. The mode of action is not clearly understood. Effects are thought to be secondary to analgesic and anticholinergic properties. Based on the currently available information, the medical necessity for Orphenadrine has not been established. The requested medication: Orphenadrine Citrate ER 100mg, #60 is not medically necessary.