

<b>Case Number:</b>	CM15-0188748		
<b>Date Assigned:</b>	09/30/2015	<b>Date of Injury:</b>	09/27/2010
<b>Decision Date:</b>	11/13/2015	<b>UR Denial Date:</b>	09/11/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/25/2015

### 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 48 year old male, who sustained an industrial injury on 9-27-2010. The injured worker was being treated for lumbar degenerative disc disease and lumbar radiculopathy. Medical records (to 8-25-2015) indicate the injured worker reported ongoing lower back pain radiating down the bilateral lower extremities. He also reported numbness and tingling radiating down the lower extremities to the feet. The treating physician noted the injured worker wanted "to wean off narcotics as much as possible." The treating physician noted that the injured worker's current medications (Methadone, Norco, and Lidoderm patches) were controlling his pain well. The medical records (8-25-2015) did not include documentation of the subjective pain ratings. The physical exam (8-25-2015) revealed the injured worker was able to bend from the waist to about 30 degrees. There were bilateral straight leg raise to 45 degrees and ability to squat fully without difficulty, but with difficulty standing up afterward. On 7-7-2015, an MRI of the lumbar spine revealed an underlying disc protrusion with high intensity zone or annular fissure at L5-S1 (lumbar 5-sacral 1). There was borderline bilateral foraminal narrowing. At L4- L5 (lumbar 4-lumbar 5), there was early-mild bilateral foraminal narrowing without definite neural impingement. There was lack of documentation in the provided medical records of recent urine drug screening to support compliance with opiate therapy. Treatment has included physical therapy, traction, lumbar epidural steroid injections, trigger point injections, a home exercise program, transcutaneous electrical nerve stimulation (TENS), a back brace, walking, stick, and medications including pain (Methadone and Norco), topical pain (Lidoderm since at least 8- 2015), anti-epilepsy (Gabapentin), antianxiety, muscle relaxant (Zanaflex, Soma), and non-steroidal anti-inflammatory (Ibuprofen). Per the treating physician (8-25-2015 report), the injured worker is retired. On 8-25-2015, the requested treatments included Oxycodone 10mg qty 60.00 and Lidoderm patches qty. 30.00. On 9-11-2015, the original utilization review non- certified a request for Lidoderm patches qty. 30.00 and modified a request for Oxycodone 10mg qty. 30.00 (original request for qty. 60).

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Oxycodone 10mg qty 60.00:** 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, criteria for use, Medications for chronic pain, Opioids for chronic pain.

**Decision rationale:** The patient presents with pain to the lower back; it radiates down the bilateral lower extremities. The request is for OXYCODONE 10MG QTY 60.00. The request for authorization is dated 08/25/15. MRI of the lumbar spine, 07/07/15, shows at L5-S1 underlying disc protrusion with high intensity zone or annular fissure is seen; at L4-L5 there is also early-mild bilateral foraminal narrowing. Physical examination reveals bilateral straight leg raises are done to about 45 degrees. He can get into a full squat without difficulty, but he does have difficulty standing up afterward. Tenderness to lumbosacral, upper leg, lower leg, plantar, foot and ankle. Moderate muscle spasms in lumbar, bilateral sacroiliac, buttocks, posterior thigh and knees, calves, ankles, feet, and anterior thighs. He has received several injections to L4/L5/S1, as well as several trigger point injections. PT was most recently done in 2012. Per progress report dated 09/25/15, the patient is retired. 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, OPIOIDS FOR CHRONIC PAIN Section, pages 80 and 81 states "There are virtually no studies of opioids for treatment of chronic lumbar root pain with resultant radiculopathy," and for chronic back pain, it "Appears to be efficacious but limited for short-term pain relief, and long-term efficacy is unclear (>16 weeks), but also appears limited." Treater does not specifically discuss this medication. This appears to be the initial trial prescription for Oxycodone. However, patient has been prescribed opioid medication since at least 04/21/15. Furthermore, 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)." In this case, this patient does not present with pain that is "presumed to be maintained by continual injury." Therefore, the request IS NOT medically necessary.

**Lidoderm patches qty 30.00:** 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 patient presents with pain to the lower back; it radiates down the bilateral lower extremities. The request is for LIDODERM PATCHES QTY 30.00. The request for authorization is dated 08/25/15. MRI of the lumbar spine, 07/07/15, shows at L5-S1 underlying disc protrusion with high intensity zone or annular fissure is seen; at L4-L5 there is also early-mild bilateral foraminal narrowing. Physical examination reveals bilateral straight leg raises are done to about 45 degrees. He can get into a full squat without difficulty, but he does have difficulty standing up afterward. Tenderness to lumbosacral, upper leg, lower leg, plantar, foot and ankle. Moderate muscle spasms in lumbar, bilateral sacroiliac, buttocks, posterior thigh and knees, calves, ankles, feet, and anterior thighs. He has received several injections to L4/L5/S1, as well as several trigger point injections. PT was most recently done in 2012. Per progress report dated 09/25/15, the patient is retired. MTUS, Lidoderm (Lidocaine Patches) Section, pages 56, 57 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 antidepressants or an AED such as gabapentin or Lyrica--." Page 112 also states, "Lidocaine indication: neuropathic pain. Recommended for localized peripheral pain." Treater does not specifically discuss this medication. Patient has been prescribed Lidoderm Patch since at least 05/15/15. MTUS guidelines state that Lidoderm Patches are appropriate for localized peripheral neuropathic pain. However, there is no discussion or documentation on how the Lidoderm Patch is to be used, how often and with what efficacy in terms of pain reduction and functional improvement. MTUS page 60 require recording of pain and function when medications are used for chronic pain. Therefore, given the lack of documentation, the request IS NOT medically necessary.