

<b>Case Number:</b>	CM15-0193597		
<b>Date Assigned:</b>	10/07/2015	<b>Date of Injury:</b>	06/07/2004
<b>Decision Date:</b>	11/19/2015	<b>UR Denial Date:</b>	09/15/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/01/2015

### 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: Emergency 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 an 83 year old female, who sustained an industrial injury on June 7, 2004, incurring low back and upper back injuries. She was diagnosed with cervical degenerative disc disease, cervical radiculopathy, cervicgia, lumbar degenerative disc disease, lumbago, and a right shoulder sprain. Treatment included pain medications, topical analgesic patches, and activity restrictions and modifications. Currently, the injured worker complained of persistent low back pain, neck and bilateral shoulder pain. She noted increased muscle spasms, headaches and nausea interfering with activities of daily living. She rated her pain 7 out of 10 on a pain scale from 0 to 10 with medications and 10 out of 10 without medications. Bending and lifting made her pain worse and medications gave her some relief. She was noted to have about 60% decreased cervical range of motion accompanied by neck pain. She also had limited range of motion of the lumbar spine. The treatment plan that was requested for authorization on October 1, 2015, included prescriptions for Lidoderm patches #30 and Hydrocodone APAP 10-325mg #120. On September 15, 2015, a request for Lidoderm patches and Hydrocodone APAP was non-certified by utilization review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Lidoderm patches #30:** Upheld

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

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

**Decision rationale:** The requested Lidoderm patches #30 is not medically necessary. CA MTUS Chronic Pain Treatment Guidelines, Lidoderm, Pages 56-57, note that "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 anti-depressants or an AED such as gabapentin or Lyrica)." It is not considered first-line therapy and only FDA approved for post-herpetic neuralgia. The injured worker has persistent low back pain, neck and bilateral shoulder pain. She noted increased muscle spasms, headaches and nausea interfering with activities of daily living. She rated her pain 7 out of 10 on a pain scale from 0 to 10 with medications and 10 out of 10 without medications. Bending and lifting made her pain worse and medications gave her some relief. She was noted to have about 60% decreased cervical range of motion accompanied by neck pain. She also had limited range of motion of the lumbar spine. The treating physician has not documented neuropathic pain symptoms, physical exam findings indicative of radiculopathy, failed first-line therapy or documented objective evidence of functional improvement from the previous use of this topical agent. The criteria noted above not having been met, Lidoderm patches #30 is not medically necessary.

**Hydrocodone / APAP 10/325mg #120:** 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 for chronic pain.

**Decision rationale:** The requested Hydrocodone / APAP 10/325mg #120 is not medically necessary. CA MTUS Chronic Pain Treatment Guidelines, Opioids, On-Going Management, Pages 78-80, Opioids for Chronic Pain, Pages 80-82, recommend continued use of this opiate for the treatment of moderate to severe pain, with documented objective evidence of derived functional benefit, as well as documented opiate surveillance measures. The injured worker has persistent low back pain, neck and bilateral shoulder pain. She noted increased muscle spasms, headaches and nausea interfering with activities of daily living. She rated her pain 7 out of 10 on a pain scale from 0 to 10 with medications and 10 out of 10 without medications. Bending and lifting made her pain worse and medications gave her some relief. She was noted to have about 60% decreased cervical range of motion accompanied by neck pain. She also had limited range of motion of the lumbar spine. The treating physician has not documented duration of treatment, objective evidence of derived functional benefit such as improvements in activities of daily living or reduced work restrictions or decreased reliance on medical intervention, nor measures of opiate surveillance including an executed narcotic pain contract or urine drug screening. The criteria noted above not having been met, Hydrocodone / APAP 10/325mg #120 is not medically necessary.