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| <b>Case Number:</b>   | CM15-0193922 |                              |            |
| <b>Date Assigned:</b> | 10/07/2015   | <b>Date of Injury:</b>       | 09/29/2011 |
| <b>Decision Date:</b> | 11/19/2015   | <b>UR Denial Date:</b>       | 09/23/2015 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 10/02/2015 |

### 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, District of Columbia, Maryland  
 Certification(s)/Specialty: Anesthesiology, Pain Management

### CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This is a 41 year old female with a date of injury of September 29, 2011. A review of the medical records indicates that the injured worker is undergoing treatment for hand pain, carpal tunnel syndrome, and muscle spasm. Medical records dated August 6, 2015 indicate that the injured worker complained of upper back pain and right hand pain rated at a level of 8 out of 10 and 9 out of 10 without medications, and poor sleep quality. Records also indicate that the injured worker's activity level has remained the same, and that she does simple chores around the house and minimal activities outside of the house at least two days a week. A progress note dated September 3, 2015 documented complaints of back pain and right hand pain rated at a level of 7 out of 10 and 9 out of 10 without medications, and poor sleep quality. The injured worker's activity level was noted to be unchanged. Per the treating physician (September 3, 2015), the employee has not returned to work. The physical exam dated August 6, 2015 reveals tenderness of the trapezius, spasm and trigger point of the right upper trapezius, trigger point with radiating pain and twitch response on palpation of the cervical paraspinal muscles on the right, restricted range of motion of the cervical spine, restricted range of motion of the right wrist, positive Tinel's sign on the right, tenderness to the right first carpometacarpal joint with palpation and passive range of motion, and decreased grip strength on the right. The progress note dated September 3, 2015 documented a physical examination that showed no changes since the examination performed on August 6, 2015. Treatment has included medications (Lidoderm patches 5% 12 hours a day and Norco 10-325mg twice a day as needed since at least February of 2015; Lorzone 375mg since at least June of 2015) and six sessions of hand therapy. The most

recent urine drug screen dated May 27, 2015 showed results "Inconsistent with reported medication list." The original utilization review (September 23, 2015) partially certified a request for Lorzone 375mg #7 (original request for #30) and Norco 10-325mg #13 (original request for #60), and non-certified a request for Lidoderm patches 5% #30.

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

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

#### **30 tablets of Lorzone 375mg: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Muscle relaxants (for pain).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Muscle relaxants (for pain).

**Decision rationale:** With regard to muscle relaxants, the MTUS CPMTG states: "Recommend non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic LBP. (Chou, 2007) (Mens, 2005) (Van Tulder, 1998) (van Tulder, 2003) (van Tulder, 2006) (Schnitzer, 2004) (See, 2008) Muscle relaxants may be effective in reducing pain and muscle tension, and increasing mobility. However, in most LBP cases, they show no benefit beyond NSAIDs in pain and overall improvement." Regarding chlorzoxazone: "this drug works primarily in the spinal cord and the subcortical areas of the brain. The mechanism of action is unknown but the effect is thought to be due to general depression of the central nervous system. Advantages over other muscle relaxants include reduced sedation and less evidence for abuse. (See, 2008) Side Effects: Drowsiness and dizziness. Urine discoloration may occur. Avoid use in patients with hepatic impairment." The documentation submitted for review indicates that the injured worker has been using this medication since at least 6/2015. As it is recommended only for short-term use, therefore is not medically necessary.

#### **60 tablets of Norco 10/325mg: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, dosing, Opioids, criteria for use.

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

**Decision rationale:** Per MTUS Chronic Pain Medical Treatment Guidelines p78 regarding ongoing management of opioids Four domains have been proposed as most relevant for ongoing monitoring of chronic pain patients on opioids: Pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant (or non-adherent) drug related behaviors. These domains have been summarized as the 4 A's (Analgesia, activities of daily living, adverse side effects, and any aberrant drug-taking behaviors). The monitoring of these outcomes over time should affect therapeutic decisions and provide a framework for

documentation of the clinical use of these controlled drugs. Review of the available medical records reveals insufficient documentation to support the medical necessity of norco nor sufficient documentation addressing the '4 A's' domains, which is a recommended practice for the on-going management of opioids. Specifically, the notes do not appropriately review and document functional status improvement, appropriate medication use, or side effects. The MTUS considers this list of criteria for initiation and continuation of opioids in the context of efficacy required to substantiate medical necessity, and they do not appear to have been addressed by the treating physician in the documentation available for review. Per progress report dated 8/6/15 it was noted that the injured worker rated pain without medications 9/10, and pain with medications 8/10. Furthermore, efforts to rule out aberrant behavior (e.g. CURES report, UDS, opiate agreement) are necessary to assure safe usage and establish medical necessity. The most recent UDS dated 5/27/15 was noted to be inconsistent with prescribed medications. As MTUS recommends discontinuing opioids if there is no overall improvement in function, therefore is not medically necessary.

**30 Lidoderm 5% patch (700mg/patch): Upheld**

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

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

**Decision rationale:** The MTUS Chronic Pain Medical Treatment Guidelines p112 states Lidocaine Indication: Neuropathic pain 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). 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. The medical records submitted for review do not indicate that there has been a trial of first-line therapy (tri-cyclic or SNRI antidepressants or an AED). There is also no diagnosis of diabetic neuropathy or post-herpetic neuralgia. As such, lidoderm is not recommended at this time. The request is not medically necessary.