

<b>Case Number:</b>	CM15-0196263		
<b>Date Assigned:</b>	10/09/2015	<b>Date of Injury:</b>	06/13/2003
<b>Decision Date:</b>	11/18/2015	<b>UR Denial Date:</b>	09/19/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/06/2015

### 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: North Carolina

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 56 year old female with an industrial injury date of 06-13-2003. Medical record review indicates she is being treated for lumbar disc displacement without myelopathy, sciatica and lumbar spinal stenosis. Subjective complaints (09-04-2015) included low back and bilateral lower extremity pain. The injured worker reported a "flare up" of pain with pain radiating down the right lower extremity to her foot. She reported her pain level as 9 out of 10. With the use of Norco her pain level was rated at 6 out of 10. Work status is documented as "permanent and stationary with permanent disability." In the treatment note dated 09-15-2015 the treating physician documented with the use of medications the injured worker was able to walk for exercise and get out of the chair better with less pain. "She is also able to dress herself and perform self-hygiene better with less pain." Other activities of daily living included she was able to attend church better with less pain and play with her grandchildren with the use of medications. Current medications (09-04-2015) included Cyclobenzaprine, Hydrocodonebit-APAP, Gabapentin, Amlodipine and Hydrochlorothiazide. Review of medical records indicates the injured worker was receiving Norco and Lidoderm patches as of 08-21-2012. Prior medications included Flexeril, Zanaflex and Topamax. Prior treatment included aquatic therapy, medications, functional restoration program, physical therapy, epidural injections and acupuncture. Objective findings (09-04-2015) revealed tenderness to palpation at the right sided lumbosacral region. Range of motion was decreased by 60% with flexion and extension decreased by 70% with rotation bilaterally. The treating physician documented (09-15-2015) the last urine drug screen (08-04-2014) was negative for Norco which was consistent "as the patient

utilizes hydrocodone intermittently" on an as needed basis. "Her DEA cures report (08-14-2015) is consistent with patient receiving pain medication from only our office." "There are no signs of aberrant behavior." Opioid pain contract is documented as signed on 03-11-2015. On 09-19-2015 the request for 1 prescription of Lidoderm 5% patch (700 mg/patch) #30 was non-certified by utilization review. The request for 1 prescription of Hydrocodone/APAP 10/325 mg #120 was modified to a quantity of 60 by utilization review.

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

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

#### **1 prescription of 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:** When to Continue Opioids: (a) If the patient has returned to work; (b) If the patient has improved functioning and pain. (Washington, 2002) (Colorado, 2002) (Ontario, 2000) (VA/DoD, 2003) (Maddox-AAPM/APS, 1997) (Wisconsin, 2004) (Warfield, 2004) The long-term use of this medication class is not recommended per the California MTUS unless there documented evidence of benefit with measurable outcome measures and improvement in function. There is documented significant decrease in objective pain measures such as VAS scores for significant periods of time with pain decreased from a 9/10 to a 6/10. There are no objective measures of improvement of function or how the medication improves activities. The work status is not mentioned. Therefore all criteria for the ongoing use of opioids have not been met and the request is not medically necessary.

#### **1 prescription of Lidoderm 5% patch (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 rationale:** The California chronic pain medical treatment guidelines section on topical lidocaine 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. 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. Formulations that do not involve a dermal-patch system are generally indicated as local anesthetics and anti-pruritics. In February 2007 the FDA notified consumers and healthcare professionals of the potential hazards of the use of topical lidocaine. Those at particular risk were individuals that applied large amounts of this substance over large areas, left the products on for long periods of time, or used the agent with occlusive dressings. Systemic exposure was highly variable among patients. Only FDA-approved products are currently recommended. (Argoff, 2006) (Dworkin, 2007) (Khaliq-Cochrane, 2007) (Knotkova, 2007) (Lexi-Comp, 2008) Non-neuropathic pain: Not recommended. There is only one trial that tested 4% lidocaine for treatment of chronic muscle pain. The results showed there was no superiority over placebo. (Scudds, 1995) This medication is recommended for localized peripheral pain. The patient does have peripheral pain complaints. There is no documentation of failure of first line neuropathic pain medications. Therefore criteria as set forth by the California MTUS as outlined above have not been met and the request is not medically necessary.