

<b>Case Number:</b>	CM15-0196331		
<b>Date Assigned:</b>	10/12/2015	<b>Date of Injury:</b>	01/22/2007
<b>Decision Date:</b>	11/16/2015	<b>UR Denial Date:</b>	10/03/2015
<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: New York  
 Certification(s)/Specialty: Anesthesiology

### 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 53 year old male, who sustained an industrial injury on 1-22-2007. The injured worker is undergoing treatment for: low back pain. On 7-22-15, he reported low back pain with radiation to the legs rated 6 out of 10. On 8-19-15, he rated his low back pain 8 out of 10. On 9-22-15, he reported low back pain with radiation into the bilateral lower extremities. He indicated that Lidoderm "helped decrease his pain significantly with Lyrica that also helps decrease dysesthesias". There is also notation of Norco, Lyrica, Robaxin helping to decrease pain from 7 out of 10 to 3 out of 10. Physical examination revealed positive straight leg raise testing bilaterally, tenderness and spasms and decreased low back range of motion, and positive Kemp's sign. The records do not discuss his current functional status, or the least reported pain over the period since last assessment; average pain; intensity of pain after taking the opioid; how long it takes for pain relief; and how long pain relief lasts. There is also no discussion of adverse side effects or aberrant behaviors. The treatment and diagnostic testing to date has included: medications, lumbar fusion (date unclear), lumbar support pillow. Medications have included: Lidopro, Robaxin, Norco, Lyrica. The records indicate he has been utilizing Norco and Lyrica since at least July 2015, possibly longer. Current work status: permanent and stationary. The request for authorization is for: Norco 10-325mg quantity 60; Lyrica 75mg quantity 300; Robaxin 750mg quantity 210; Lidopro topical quantity 14. The UR dated 10-3-15: modified certification of Norco 10-325mg quantity 30; and non-certified Lyrica 75mg quantity 300; Robaxin 750mg quantity 210; Lidopro topical quantity 14.

## IMR ISSUES, DECISIONS AND RATIONALES

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

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

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids for chronic pain. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Opioids.

**Decision rationale:** According to the CA MTUS and ODG, Norco 10/325mg (Hydrocodone/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 insufficient evidence that the opioids were prescribed according to the CA MTUS guidelines, which recommend prescribing according to function, with specific functional goals, return to work, random drug testing, an opioid contract, and documentation of a prior failure of non-opioid therapy. In addition, the MTUS recommends urine drug screens for patients with poor pain control and to help manage patients at risk of abuse. There is no documentation of significant pain relief or increased function from the opioids used to date. Medical necessity of the requested medication 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.

**Lyrica 75 mg #300:** Upheld

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

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

**Decision rationale:** According to California MTUS Guidelines, anti-epilepsy drugs (AEDs) are a first-line treatment for neuropathic pain. Lyrica (Pregabalin) is FDA approved for diabetic neuropathy and post-herpetic neuralgia and has been used effectively for the treatment of other neuropathic pain. The guidelines indicate a good to moderate response to the use of Lyrica is a 30-50% reduction in pain. This patient has been taking Lyrica, in addition to narcotic analgesics, for at least 1 year with no significant improvement documented. Without evidence of objective functional improvement, the guidelines recommend changing to a different first-line agent (TCA, SNRI or AED). Medical necessity for the requested medication has not been established. The requested medication is not medically necessary.

**Robaxin 750 mg #210:** 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:** Robaxin (Methocarbamol) is an antispasmodic muscle relaxant. The mechanism of action is unknown, but appears to be related to central nervous system depressant effects with related sedative properties. According to CA MTUS Guidelines, muscle relaxants are not recommended for the long-term treatment of chronic pain. They are not recommended to be used for longer than 2-3 weeks. There is no documentation of functional improvement from any previous use of this medication. According to the guidelines, muscle relaxants are not considered any more effective than non-steroidal anti-inflammatory medications alone. Based on the currently available information, the medical necessity for this muscle relaxant medication has not been established. The requested treatment is not medically necessary.

**Lidopro topical Qty: 14:** 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:** According to the California MTUS Guidelines (2009), topical analgesics are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. These agents are applied topically to painful areas with advantages that include lack of systemic side effects, absence of drug interactions, and no need to titrate. Many agents are compounded as monotherapy or in combination for pain control including, for example, NSAIDs, opioids, capsaicin, muscle relaxants, local anesthetics or antidepressants. Guidelines indicate that any compounded product that contains at least 1 non-recommended drug (or drug class) is not recommended for use. Lidopro cream contains Capsaicin, Lidocaine, Menthol, and Methyl Salicylate. The CA MTUS states that Capsaicin is recommended only as an option in patients who have not responded or are intolerant to other treatments. Topical Lidocaine, in the formulation of a dermal patch (Lidoderm) is FDA approved for neuropathic pain and used off-label for diabetic neuropathy. No other Lidocaine topical creams or lotions are indicated for neuropathic or non-neuropathic pain. Medical necessity for the requested medication has not been established. The requested topical analgesic compound is not medically necessary.