

<b>Case Number:</b>	CM15-0207343		
<b>Date Assigned:</b>	10/26/2015	<b>Date of Injury:</b>	04/30/2009
<b>Decision Date:</b>	12/08/2015	<b>UR Denial Date:</b>	10/13/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/21/2015

### 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: Arizona, California

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 57 year old male, who sustained an industrial injury on 4-30-2009. The injured worker is undergoing treatment for: lumbar disc herniation and disc displacement with radiculitis and radiculopathy, right hip degenerative joint disease, right knee strain and internal derangement. On 6-15-15 and 7-13-15, he reported increased low back pain. He indicated slipping and falling one week prior to this date. He also reported difficulty sleeping and activities of daily living to cause pain increase. Objective findings revealed decreased lumbar spine range of motion, positive bilateral straight leg raise testing, tightness and spasm in the lumbar area, hypoesthesia of the bilateral foot and ankle, weakness with the bilateral big toes. He is noted to have lost 20 pounds in a weight loss program and indicated having a decrease of pain as a result. There is no discussion regarding pain reduction with Percocet or Lidocaine patches. There is no discussion of his current pain level. The treatment and diagnostic testing to date has included: fracture repair of patella (date unclear), medications, urine drug screen (12-22-14), MRI of the lumbar spine (3-3-15), electrodiagnostic studies (2-25-15), weight loss program. Medications have included: Percocet, Lidocaine patches, Xanax, and Carisoprodol. The records indicate he has been utilizing Percocet since at least January 2015, possibly longer. Current work status: permanent and stationary. The request for authorization is for: Percocet 10-325mg quantity 100, Lidocaine patches quantity 60. The UR dated 10-13-2015: non-certified the request for Percocet 10-325mg quantity 100, Lidocaine patches quantity 60.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Percocet 10/325mg, #100:** Upheld

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

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

**Decision rationale:** Percocet is a short acting opioid used for breakthrough pain. According to the MTUS guidelines, it is not indicated as 1st line therapy for neuropathic pain, and chronic back pain. It is not indicated for mechanical or compressive etiologies. It is recommended for a trial basis for short-term use. Long Term-use has not been supported by any trials. In this case, the claimant had been on Percocet for several months. Pain scores were not noted. There was no mention of Tylenol, NSAID, Tricyclic or weaning failure. The continued use of Percocet is not medically necessary.

**Lidocaine patches #60:** 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 MTUS guidelines, topical analgesics are recommended as an option as indicated below. They are largely experimental in use with few randomized controlled trials to determine efficacy or safety. Primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Lidocaine is 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). In this case, there is no mention of failure of the above medications. Long-term use of topical analgesics such as Lidocaine patches are not recommended. The request for continued and long-term use of Lidocaine patches as above is not medically necessary.