

<b>Case Number:</b>	CM15-0207811		
<b>Date Assigned:</b>	10/26/2015	<b>Date of Injury:</b>	08/05/2012
<b>Decision Date:</b>	12/09/2015	<b>UR Denial Date:</b>	09/30/2015
<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: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation

### 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 female who sustained an industrial injury on 08-05-2012. A review of the medical records indicated that the injured worker is undergoing treatment for sprain and strain of the lumbar spine, thoracic or lumbosacral neuritis or radiculitis, disorders of the sacrum and muscle, ligament and fascia disorder not otherwise specified. According to the treating physician's progress report on 09-24-2015 and 09-03-2015, the injured worker continues to experience low back pain radiating to the left hip to the lower leg associated with numbness and tingling and rated at 6 out of 10 on the pain scale. Norco relieves pain by 2 points on the Visual Analog Scale (VAS) within 30 minutes and lasts for approximately 4 hours. The injured worker reported sleep quality as poor. The injured worker displayed a left sided mid-strike antalgic gait. Examination demonstrated restricted range of motion with flexion at 60 degrees, extension at 25 degrees and lateral rotation bilaterally at 20 degrees each limited by pain. Lumbar facet loading was positive on the left and negative on the right side. Sitting straight leg raise was positive on the left at 45 degrees. There was no tenderness present over the coccyx. The left knee was tender to palpation over the lateral joint line and patella. No effusion was present. Range of motion was restricted with flexion at 90 degrees and extension at 170 degrees. Motor strength was limited by pain and noted as 4 out of 5 bilaterally at the hip flexors and knee flexors. Sensation to light touch was within normal limits for all extremities. Prior treatments have included diagnostic testing, acupuncture therapy, chiropractic therapy (approximately 24 sessions), physical therapy (6 sessions) and medications. Current medications were listed as Norco 5-325mg (extent of use unknown), Cyclobenzaprine, LidoPro cream, Pantoprazole and antihypertensive medications. On 07-09-2015 a urine drug screening was inconsistent for prescribed medications. A repeat urine drug screening was performed on 09-03-2015 and pain contract was reviewed and re-signed.

Treatment plan consists of continuing ice, heat, exercises, functional restoration program (FRP) pending and the current request for Norco 10mg-325mg #60 and LidoPro ointment 4.5%-27.5%-0.0325%-10% #1. On 09-30-2015, the Utilization Review determined the request for Norco 10mg-325mg #60 and LidoPro ointment 4.5%-27.5%-0.0325%-10% #1 was not medically necessary.

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

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

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

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

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

**Decision rationale:** The 53 year old patient complains of low back pain, rated at 6/10, radiating to left hip, left thigh, left knee, and left leg, along with difficulty sleeping, as per progress report dated 09/24/15. The request is for Norco 10/325 #60. There is no RFA for this case, and the patient's date of injury is 08/05/12. Diagnoses, as per progress report dated 09/24/15, included thoracic or lumbosacral neuritis or radiculitis; disorders of sacrum; sprains and strains of the lumbar region; and muscle, ligament and fascia disorder. Medications included Cyclobenzaprine, Diovan Hct, Hydrochlorothiazide, Metoprolol, Lidopro ointment, Norco and Pantoprazole. The patient is not working, as per progress report dated 09/03/15. MTUS, criteria for use of opioids section, pages 88 and 89 states, "Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." MTUS, criteria for use of opioids section, page 78 also requires documentation of the 4As (analgesia, ADLs, adverse side effects, and adverse behavior), as well as "pain assessment" or outcome measures that include current pain, average pain, least pain, intensity of pain after taking the opioid, time it takes for medication to work and duration of pain relief. MTUS, criteria for use of opioids section, p77, states that "function should include social, physical, psychological, daily and work activities, and should be performed using a validated instrument or numerical rating scale." MTUS, medications for chronic pain section, page 60 states that "Relief of pain with the use of medications is generally temporary, and measures of the lasting benefit from this modality should include evaluating the effect of pain relief in relationship to improvements in function and increased activity." MTUS p90 states, "Hydrocodone has a recommended maximum dose of 60mg/24hrs." In this case, Norco is first noted in progress report dated 09/03/15. It is not clear when the opioid was initiated. As per appeal letter, dated 09/24/15, Norco lowers pain from 7/10 to 5/10 for about 4 hours. It also helps the patient to bend and to stand normally (rather than just stay seated), and allows her to walk up and down stairs without limping, to cook, and to do her household chores. The treater also states that the patient is tolerating the medications well and there is no indication of medication dependency. In the same report, the treater also states that the patient tried a minimal dose of Norco but it led to uncontrolled pain despite continued conservative treatment. As per progress report dated 09/03/15, an UDS dated 07/09/15 detected the presence of Oxycodone while the patient was only prescribed Norco. The patient reports that she was given a cough syrup by another physician and that may be the cause for the abnormal result. UDS dated 02/11/15 was positive for Morphine, although the patient denied taking it, as per the 09/03/15 progress report. However, an UDS report dated 09/03/15 has been provided for review and is consistent. While the patient appears to have benefited from Norco, the treater does

not document objective functional improvement using validated instruments, or questionnaires with specific categories for continued opioid use. MTUS requires specific examples that indicate an improvement in function and states that "function should include social, physical, psychological, daily and work activities." No CURES report was provided to address aberrant behavior. In this case, treater has not addressed the 4A's adequately to warrant continued use of this medication. Hence, the request is not medically necessary.

**LidoPro ointment 4.5%-27.5%-0.0325%-10% #1: Upheld**

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

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

**Decision rationale:** The 53 year old patient complains of low back pain, rated at 6/10, radiating to left hip, left thigh, left knee, and left leg, along with difficulty sleeping, as per progress report dated 09/24/15. The request is for Lidopro ointment 4.5%-27.5%-0.0325%-10% #1. There is no RFA for this case, and the patient's date of injury is 08/05/12. Diagnoses, as per progress report dated 09/24/15, included thoracic or lumbosacral neuritis or radiculitis; disorders of sacrum; sprains and strains of the lumbar region; and muscle, ligament and fascia disorder. Medications included Cyclobenzaprine, Diovan Hct, Hydrochlorothiazide, Metoprolol, Lidopro ointment, Norco and Pantoprazole. The patient is not working, as per progress report dated 09/03/15. The MTUS Chronic Pain Medical Treatment Guidelines 2009 (p111, Topical Analgesics section.): 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. In this case, Lidopro is first noted in progress report dated 09/03/15. It is not clear when the topical formulation was initiated. In appeal letter dated 09/24/15, the treater states that Lidopro was prescribed given the presence of continuing GERD symptoms. Lidopro helps reduce the use of oral medications, as per the report. The treater, however, does not document the efficacy of the medication in terms of specific reduction in pain and improvement in function. Additionally, MTUS guidelines do not support any other formulation of Lidocaine other than the topical patch. Hence, the request is not medically necessary.