

Case Number:	CM15-0208654		
Date Assigned:	10/27/2015	Date of Injury:	08/07/2014
Decision Date:	12/08/2015	UR Denial Date:	10/22/2015
Priority:	Standard	Application Received:	10/23/2015

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 41 year old female, who sustained an industrial injury on 08-07-2014. A review of the medical records indicates that the worker is undergoing treatment for chronic lumbar pain and lumbar disc herniation. Treatment has included Vicodin (since at least 04-07-2015), Lidocaine patch (since at least 07-30-2015), physical therapy, transcutaneous electrical nerve stimulator unit and chiropractic therapy. The effectiveness of Lidocaine at improving pain or function was not noted. Subjective complaints (06-30-2015, 08-24-2015 and 09-30-2015) included significant low back pain primarily on the right side with recent flare up of pain that was rated as 7 out of 10. On 06-30-2015, the physician noted that the worker was benefiting somewhat from oral medication and that Vicodin 7.5-300 took the edge off but that the worker reported it was not strong enough. Pain was rated as 8 out of 10. A trial of 10-300 mg Vicodin every 8 hours was started. On 08-24-2015, the worker reported significant benefit from Hydrocodone with a reduction in pain from 8-9 out of 10 to 5-6 out of 10 with use of the medication and ability to do more activities at home. Objective findings on 08-24-2015 were notable for tenderness to palpation over the right L4 to L5 paraspinal musculature and over the right sacroiliac joint, decreased range of motion and right antalgic gait. On 09-30-2015, the worker reported benefit with Hydrocodone but did not feel that it has as much relief as it did before. The physician noted that the worker seemed to be showing evidence of tolerance to the medication. Objective findings (09-30-2015) included tenderness to palpation over the right paraspinal musculature from L3-S1, tenderness over the buttocks and decreased range of motion. The physician noted that he wanted to increase Hydrocodone to the 7.5-300 form and let

her use 4 per day if she has developed tolerance to the medication. Lidocaine patch was also ordered. A utilization review dated 10-22-2015 modified a request for Vicodin from Vicodin 7.5-300 mg QTY: 120 to certification of Vicodin 7.5-300 mg QTY: 50 to allow for continuation of a taper and non-certified a request for Lidoderm patch 5% QTY: 30.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lidoderm patch 5% #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Lidoderm (lidocaine patch).

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). Lidoderm has been designated for orphan status by the FDA for neuropathic pain. Lidoderm is also used off-label for diabetic neuropathy. In this case, the claimant did not have the above diagnoses. Long-term use of topical analgesics such as Lidoderm patches are not recommended. The request for continued and long-term use of Lidoderm patches as above, are not medically necessary.

Vicodin 7.5/300mg #120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, criteria for use, 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: Vicodin 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 Vicodin for several months. It was recently combined with Butrans without indication of weaning Vicodin or signs of addiction. There was no mention of Tylenol, NSAID, Tricyclic or weaning failure. The continued and chronic use of Vicodin is not medically necessary.

