

<b>Case Number:</b>	CM15-0025109		
<b>Date Assigned:</b>	02/17/2015	<b>Date of Injury:</b>	12/16/1996
<b>Decision Date:</b>	04/07/2015	<b>UR Denial Date:</b>	01/21/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/10/2015

### 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:

This 63-year-old female reported a work-related injury on 12/16/1996. According to the progress notes dated 1/15/15, the injured worker reports neck and back pain rated 9/10. The diagnoses were listed as status post cervical fusion and lumbar L3-4 interbody fusion. Previous treatments include medications, physical therapy, home exercise and multiple surgeries. The treating provider requests Norco 10/325mg, #120; Soma 350mg, #90; Lidoderm patch 5%, #60 and Neurontin 100mg, #60. The Utilization Review on 1/21/2015 modified the request for Norco 10/325mg, #120, allowing a quantity of 60; the request for Soma 350mg, #90; Lidoderm patch 5%, #60 and Neurontin 100mg, #60 was non-certified, citing CA MTUS Chronic Pain Medical Treatment guidelines.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Norco 10/325mg #120:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines  
CRITERIA FOR USE OF OPIOIDS Page(s): 76-78, 88-89.

**Decision rationale:** The patient presents with neck and lower back pain rated 9/10, exacerbated by car rides and housework. The patient's date of injury is 12/16/96. Patient is status post anterior cervical fusion at unspecified levels in 2004. Patient is also status post lumbar interbody fusion in 2002 at L3-L4. The request is for NORCO 10/325MG #120. The RFA is dated 01/13/15. Physical examination dated 01/13/15 reveals a well healed surgical scar on the anterior neck, tenderness to palpation of the cervical paraspinal muscles, and reduced range of motion, especially on extension. No objective findings of the lumbar spine are included. The patient's is currently prescribed Norco, Soma, Neurontin, and Lidoderm patches. Diagnostic imaging was not included. Patient's current work status was not provided. MTUS Guidelines 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 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. In regards to the request for Norco, the treater has not documented pain reduction or functional improvement and reports an incident of aberrant behavior. Progress note dated 01/13/15 states: "She has been getting narcotics from myself and from [REDACTED]. She was informed that this cannot happen." She understands that if she gets any narcotics from another physician her prescription will be stopped. With this agreement, her prescription has been given. This documentation of drug seeking behavior followed by a verbal agreement runs counter to MTUS guidelines for continuing narcotic medications. Furthermore, there is no documentation of pain reduction, functional improvement, or consistent urine drug screens. Owing to a lack of 4A's documentation as required by MTUS, combined with this patient's aberrant behavior, the request IS NOT medically necessary.

**Soma 350mg #90:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants Page(s): 63-66.

**Decision rationale:** The patient presents with neck and lower back pain rated 9/10, exacerbated by car rides and housework. The patient's date of injury is 12/16/96. Patient is status post anterior cervical fusion at unspecified levels in 2004. Patient is also status post lumbar interbody fusion in 2002 at L3-L4. The request is for SOMA 350MG #90. The RFA is dated 01/13/15. Physical examination dated 01/13/15 reveals a well healed surgical scar on the anterior neck, tenderness to palpation of the cervical paraspinal muscles, and reduced range of motion, especially on extension. No objective findings of the lumbar spine are included. The patient's is currently prescribed Norco, Soma, Neurontin, and Lidoderm patches. Diagnostic imaging was not included. Patient's current work status was not provided. MTUS, Chronic Pain Medication Guidelines, Muscle Relaxants, page 63-66: "Carisoprodol -Soma, Soprodal 350, Vanadom,

generic available: Neither of these formulations is recommended for longer than a 2 to 3 week period."In regards to the requested Soma, the duration of this medication's utilization exceeds guideline recommendations. Progress reports indicate that this patient has been receiving Soma since at least 08/12/14. There is no documentation of medication efficacy or functional improvements in the subsequent reports. Furthermore, MTUS guidelines do not support the use of such medications for periods of time longer than 2-3 weeks, the requested 90 tablets does not imply short duration use. Therefore, the request IS NOT medically necessary.

**Lidoderm patch 5% #60:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 56-57.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical lidocaine Page(s): 56-57, 111-113. Decision based on Non-MTUS Citation Official disability guidelines Pain chapter, Lidoderm.

**Decision rationale:** The patient presents with neck and lower back pain rated 9/10, exacerbated by car rides and housework. The patient's date of injury is 12/16/96. Patient is status post anterior cervical fusion at unspecified levels in 2004. Patient is also status post lumbar interbody fusion in 2002 at L3-L4. The request is for Lidoderm patch 5% #60. The RFA is dated 01/13/15. Physical examination dated 01/13/15 reveals a well healed surgical scar on the anterior neck, tenderness to palpation of the cervical paraspinal muscles, and reduced range of motion, especially on extension. No objective findings of the lumbar spine are included. The patient's is currently prescribed Norco, Soma, Neurontin, and Lidoderm patches. Diagnostic imaging was not included. Patient's current work status was not provided. MTUS Chronic Pain Medical Treatment guidelines, page 57 states: "topical lidocaine may be 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." Page 112 also states, "Lidocaine indication: neuropathic pain. Recommended for localized peripheral pain." When reading ODG guidelines, it specifies that Lidoderm patches are indicated as a trial if there is "evidence of localized pain that is consistent with a neuropathic etiology." ODG further requires documentation of the area for treatment, trial of a short-term use with outcome documented for pain and function. In regards to the request for additional Lidoderm patches for the management of this patient's chronic pain, the patient does not present with peripheral and localized neuropathic pain. The patient has neck and low back pain without radiating leg symptoms or neurological deficit. This is not a localized neuropathic pain amenable to topical Lidocaine patches. These patches are not indicated for neck and low back pain without a localized neuropathic etiology. Additionally, no evidence is provided that this patient has failed first line anti-depressant or AED therapy. Furthermore, no documentation of prior pain relief or function improvement attributed to this medication is provided. Therefore, the request IS NOT medically necessary.

**Neurontin 100mg #60:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Antiepilepsy drugs (AEDs) Page(s): 18-19.

**Decision rationale:** The patient presents with neck and lower back pain rated 9/10, exacerbated by car rides and housework. The patient's date of injury is 12/16/96. Patient is status post anterior cervical fusion at unspecified levels in 2004. Patient is also status post lumbar interbody fusion in 2002 at L3-L4. The request is for Neurontin 100mg #60. The RFA is dated 01/13/15. Physical examination dated 01/13/15 reveals a well healed surgical scar on the anterior neck, tenderness to palpation of the cervical paraspinal muscles, and reduced range of motion, especially on extension. No objective findings of the lumbar spine are included. The patient's is currently prescribed Norco, Soma, Neurontin, and Lidoderm patches. Diagnostic imaging was not included. Patient's current work status was not provided. MTUS has the following regarding Neurontin -Gabapentin- on pg 18,19: "Gabapentin has been shown to be effective for treatment of diabetic painful neuropathy and postherpetic neuralgia and has been considered as a first-line treatment for neuropathic pain."In regards to the request for Neurontin, the treater has not documented neuropathic symptoms for which this medication is indicated. Progress notes indicate that this patient has been taking this medication since at least 08/12/14. There is no documentation of medication efficacy in the subsequent reports. There is also no documentation of neuropathic symptoms. Owing to a lack of usage indications and a lack of documented medication efficacy, continued use of this medication cannot be substantiated. The request IS NOT medically necessary.