

<b>Case Number:</b>	CM15-0055612		
<b>Date Assigned:</b>	03/30/2015	<b>Date of Injury:</b>	07/12/2014
<b>Decision Date:</b>	05/01/2015	<b>UR Denial Date:</b>	02/23/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/23/2015

### 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: New York, Pennsylvania, Washington  
 Certification(s)/Specialty: Internal Medicine, Geriatric Medicine

### 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 35 year old male, who sustained a work/ industrial injury on 7/12/14. He has reported initial symptoms of headaches, knee, ankle, and back pain. The injured worker was diagnosed as having lumbosacral radiculitis, closed patellar fracture, wrist sprain, and lower ankle ankylosis. Treatments to date included medication, diagnostics, surgery (surgery for patellar fracture 8/7/14), and physical therapy. Electromyogram/nerve conduction velocity (EMG/NCV) was performed on 12/17/14 were normal. Currently, the injured worker complains of left knee pain and swelling along with cervical and lumbar pain. The treating physician's report (PR-2) from 2/4/15 indicated current diagnosis and treatment included cervical spine sprain, traumatic brain injury, and left patellar fracture. The injured worker reported headaches and disequilibrium. Crutches are used for non weight-bearing status, s/p knee surgery. Exam noted healed forehead facial scar, decreased left cranial nerve V1, 2, and 3, and positive Romberg. There was left tenderness to palpation to the temporomandibular joint, and left lower extremity decrease range of motion with ¾ weakness. There was left S1 acute radiculopathy. Treatment plan included Norco and Lidocaine 3%.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Norco 7.5/325mg #60:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Ongoing Management Page(s): 78.

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

**Decision rationale:** This injured worker has chronic pain with an injury sustained in 2014. The medical course has included numerous treatment modalities including surgery and use of several medications including narcotics. Per the guidelines, in opioid use, ongoing review and documentation of pain relief, functional status, appropriate medication use and side effects is required. Satisfactory response to treatment may be reflected in decreased pain, increased level of function or improved quality of life. The MD visit of 2/15 fails to document any significant improvement in pain, functional status or a discussion of side effects specifically related to opioids to justify use per the guidelines. Additionally, the long-term efficacy of opioids for chronic back pain is unclear but appears limited. The medical necessity of Norco is not substantiated in the records. Therefore, the request is not medically necessary.

**Lidocaine 3% 5 refills:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 112.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 9792.20 - 9792.26 Page(s): 111-112, 56-57.

**Decision rationale:** This injured worker has chronic pain with an injury sustained in 2014. 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). This is not a first-line treatment and is only FDA approved for post-herpetic neuralgia. Per the guidelines, topical analgesics are largely experimental with few randomized trials to determine efficacy or safety. Any compounded product that contains at least one drug or drug class that is not recommended is not recommended. There is no documentation of efficacy with regards to pain and functional status or a discussion of side effects specifically related to the topical analgesic. Regarding topical lidocaine in this injured worker, the records do not provide clinical evidence to support medical necessity. Therefore, the request is not medically necessary.