

<b>Case Number:</b>	CM15-0058647		
<b>Date Assigned:</b>	04/03/2015	<b>Date of Injury:</b>	02/03/2010
<b>Decision Date:</b>	06/17/2015	<b>UR Denial Date:</b>	03/04/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/27/2015

### 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 (IW) is a 40-year-old male who sustained an industrial injury on 02/03/2010. Diagnoses include neck pain, status post L5-S1 total disc arthroplasty, chronic back pain, and L5-S1 annular tear and L5-S1 disc degeneration. Treatments to date include medications and spinal arthroplasty. X-ray of the cervical spine on 9/25/12 showed mild narrowing of C3-C4 and CT scan of the lumbar spine on 10/23/12 revealed reactive facet joints at L5-S1. According to the progress notes dated 2/6/15, the IW reported continued neck pain and headaches rated 9 on the VAS scale without medications and 0 with medications. He also complained of lower back pain rated 9 on the VAS without medications and 6 with medications and right knee pain rated 3 without medications and 0 with medications. On examination, there was decreased range of motion of the lumbar spine and tenderness to palpation over the paravertebral muscles bilaterally and into the right buttocks. There were no neurological deficits. Medications listed as early as 5/2/14 included Prilosec, Percocet 10/325mg and OxyContin 80mg. A request was made for Oxycontin 80mg, #90; Percocet 10/325mg, #180 and Lidoderm patches 5%, #30.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Oxycontin 80mg, #90:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines opioids Page(s): 82-92.

**Decision rationale:** According to the guidelines, opioids are not indicated for mechanical or compressive etiologies. In addition, the maximum daily dose should not exceed 120 mg of Morphine equivalent. In this case, the claimant had been on Oxycontin and Percocet that exceeded the maximum Morphine equivalent. The claimant had been on Oxycontin for over a year. Continued and chronic use is not medically necessary.

**Percocet 10/325mg, #180:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines opioids Page(s): 82-92.

**Decision rationale:** Percocet is a short acting opioid used for breakthrough pain. According to the MTUS guidelines, it is not indicated as first 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 over a year in combination with Oxycontin. The maximum daily dose should not exceed 120 mg of Morphine equivalent. In this case, the claimant had been on Oxycontin and Percocet that exceeded the maximum Morphine equivalent. There was no mention of a weaning protocol. Therefore, the request is not medically necessary.

**Lidoderm patches 5%, #30:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-112.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines topical analgesics Page(s): 111-112.

**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). The FDA for neuropathic pain has designated Lidoderm for orphan status. Lidoderm is also used off-label for diabetic neuropathy. In this case, the claimant did not have the above diagnoses. There was no indication

of reduced opioid use while adding Lidoderm. The request for the use of Lidoderm patches as above is not medically necessary.