

<b>Case Number:</b>	CM15-0081697		
<b>Date Assigned:</b>	05/04/2015	<b>Date of Injury:</b>	06/18/2004
<b>Decision Date:</b>	06/26/2015	<b>UR Denial Date:</b>	04/15/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/28/2015

### 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 61 year old female, who sustained an industrial injury on June 18, 2004. She has reported back pain. Diagnoses have included myalgia and myositis, lumbar or lumbosacral degenerative disc disease, lumbago, lumbar facet joint pain, lumbar spine radiculitis, chronic pain syndrome, and numbness. Treatment to date has included medications and home exercise. A progress note dated April 8, 2015 indicates a chief complaint of lower back pain and insomnia. The treating physician documented a plan of care that included medications.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Retrospective Norco 10mg quantity requested: 120 (dispensed 4/8/15):** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 76-80.

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

**Decision rationale:** The 61 year old patient complains of lower back pain with pins and needles in left leg and insomnia, as per progress report dated 04/08/15. The request is for NORCO 10mg 120.00. The RFA for the case is dated 04/08/15, and the patient's date of injury 06/18/04. The pain is rated at 9-10/10 without medications and 0-2/10 with medications, as per progress report dated 04/08/15. Diagnoses included myalgia and myositis, degeneration of lumbosacral intervertebral disc, lumbago, lumbar facet joint pain, lumbar radiculitis, chronic pain syndrome, and numbness. Medications included Oxycodone, Norco, Ambien, Flexeril, Anaprox, Keflex, Generlac, Lidoderm patch, and Docuprene. The patient has retired, as per the same progress report. 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 this case, a prescription for Norco is first noted in progress report dated 05/28/14, and the patient has been taking the medication consistently at least since then. As per most recent progress report dated 04/08/15, medications help decrease pain and increase function. Her pain has improved by 50% with her medications as indicated on VAS. She is able to care for her family with her pain tolerable, as per the same report. The treater also states that medications help the patient to exercise and remain functional. The patient has signed an opioid agreement. The CURES report did not reveal any red flags and UDS, dated 03/11/15, was consistent with Norco use. Given the clear discussion regarding the 4As, including analgesia, ADLs, adverse side effects, and aberrant behavior, for continued opioid use, this request IS medically necessary.

**Retrospective 60mg IM of Toradol quantity requested: 1 (dispensed 4/8/15): Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Ketorolac (Toradol, generic available) Page(s): 72.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Toradol: Ketorolac (Toradol, generic available) Page(s): 72.

**Decision rationale:** The 61 year old patient complains of lower back pain with pins and needles in left leg and insomnia, as per progress report dated 04/08/15. The request is for 60mg IM OF TORADOL QTY: 1.00. The RFA for the case is dated 04/08/15, and the patient's date of injury 06/18/04. The pain is rated at 9-10/10 without medications and 0-2/10 with medications, as per progress report dated 04/08/15. Diagnoses included myalgia and myositis, degeneration of lumbosacral intervertebral disc, lumbago, lumbar facet joint pain, lumbar radiculitis, chronic pain syndrome, and numbness. Medications included Oxycodone, Norco, Ambien, Flexeril, Anaprox, Keflex, Generlac, Lidoderm patch, and Docuprene. The patient has retired, as per the same progress report. The MTUS Guidelines states regarding Toradol: Ketorolac (Toradol, generic available): 10 mg. [Boxed Warning]: This medication is not indicated for minor or chronic painful conditions. Review of reports does not show any discussion regarding the use of Toradol injection other than for the patient's chronic pain. MTUS does not support Toradol for chronic pain. Academic Emergency Medicine, Vol 5, 118-122, "Intramuscular ketorolac vs oral ibuprofen in emergency department patients with acute pain" study demonstrated that there is no

difference between the two and both provided comparable levels of analgesia in emergency patients presenting with moderate to severe pain. In this case, the patient has received Toradol injections in the past, as per progress report dated 07/23/14 and 04/08/15. As per the report dated 04/18/15, the patient tolerated the injection well without complications. The patients stopped NSAIDs for the day and started taking them again the next day. The treating physician, however, does not explain why patient needs the injection as opposed to oral NSAIDs, which provide comparable level of analgesia. Additionally, MTUS does not recommend this medication for minor or chronic pain, and the available progress reports do not indicate that the current injection request is for an acute episode of pain. Hence, this request IS NOT medically necessary.

**Retrospective Oxycontin 30mg quantity requested: 90 (dispensed 4/8/15): Overturned**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 76-80.

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

**Decision rationale:** The 61 year old patient complains of lower back pain with pins and needles in left leg and insomnia, as per progress report dated 04/08/15. The request is for OXYCONTIN 30mg QTY: 90.00. The RFA for the case is dated 04/08/15, and the patient's date of injury 06/18/04. The pain is rated at 9-10/10 without medications and 0-2/10 without medications, as per progress report dated 04/08/15. Diagnoses included myalgia and myositis, degeneration of lumbosacral intervertebral disc, lumbago, lumbar facet joint pain, lumbar radiculitis, chronic pain syndrome, and numbness. Medications included Oxycodone, Norco, Ambien, Flexeril, Anaprox, Keflex, Generlac, Lidoderm patch, and Docuprene. The patient has retired, as per the same progress report. 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 this case, a prescription for Oxycontin is first noted in progress report dated 05/28/14, and the patient has been taking the medication consistently at least since then. As per most recent progress report dated 04/08/15, medications help decrease pain and increase function. Her pain has improved by 50% with her medications as indicated on VAS. She is able to care for her family with her pain tolerable, as per the same report. The treater also states that medications help the patient to exercise and remain functional. The patient has signed an opioid agreement. The CURES report did not reveal any red flags and UDS, dated 03/11/15, was consistent with Oxycontin use. Given the clear discussion regarding the 4As, including analgesia, ADLs, adverse side effects, and aberrant behavior, for continued opioid use, this request IS medically necessary.

**Retrospective Lidoderm 5% patches quantity requested: 450 (dispensed 4/8/15): 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 analgesicLidoderm patches Page(s): 56-57, 111-113.

**Decision rationale:** The 61 year old patient complains of lower back pain with pins and needles in left leg and insomnia, as per progress report dated 04/08/15. The request is for LIDODERM 5% PACTCHES QTY: 450.00. The RFA for the case is dated 04/08/15, and the patient's date of injury 06/18/04. The pain is rated at 9-10/10 without medications and 0-2/10 without medications, as per progress report dated 04/08/15. Diagnoses included myalgia and myositis, degeneration of lumbosacral intervertebral disc, lumbago, lumbar facet joint pain, lumbar radiculitis, chronic pain syndrome, and numbness. Medications included Oxycodone, Norco, Ambien, Flexeril, Anaprox, Keflex, Generlac, Lidoderm patch, and Docuprene. The patient has retired, as per the same progress report. MTUS guidelines page 57 states, "topical Novocaine may be recommended for localized peripheral pain after there has been evidence of a trial of first-line therapy (tree-cyclic or SNRI anti-depressants or an AED such as parenting or Lyrics)." MTUS Page 112 also states, "Lidocaine Indication: Neuropathic pain Recommended for localized peripheral pain." When reading ODG guidelines, chapter 'Pain (chronic)' and topic 'Lidoderm (lidocaine patch)', it specifies that epidermal 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 documenting pain and function. In this case, a prescription for Lidoderm patch is first noted in progress report dated 05/28/14, and the patient has been using the patch consistently at least since then. As per progress report dated 04/08/15, the patient uses Lidoderm patches as needed for flare ups. Medications help the patient exercise and remain functional. They also help reduce pain from 9-10/10 to 0-2/10. However, this increase in function and decrease in pain is not specific to Lidoderm. Additionally, there is no indication of neuropathic pain for which Lidoderm patch is indicated. Hence, the request IS NOT medically necessary.