

<b>Case Number:</b>	CM14-0134989		
<b>Date Assigned:</b>	08/29/2014	<b>Date of Injury:</b>	02/01/2005
<b>Decision Date:</b>	10/10/2014	<b>UR Denial Date:</b>	08/04/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/21/2014

### 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. The expert reviewer is Board Certified in Internal Medicine and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### 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 57 year old female who had a work-related injury on 02/01/05. Most recent medical record submitted for review is 07/17/14. The injured worker complains of constant pain in the left side of her back with radiation to her left lower leg with burning pain down her leg. She reports chronic left knee pain and instability. Medications are now being denied through the utilization review. She states that she has to self-procure the cost of the medications. She reports 50% functional reduction in her pain, 50% functional improvement with activities of daily living with the medication. She reports severe depression since the insurance has been denying her medication. Due to unemployment she can't afford medications. She rates her left knee pain as 9/10, back pain as 9/10 and at best is 5/10 with medication and 10/10 without them. She reports chronic insomnia due to her pain and burning component of pain in her left leg. She has been using Norco on an average of 4 per day. Timazepam at night for insomnia. Lidoderm patch for neuropathic component of burning pain and Senkot to offset constipation side effects. She states that she cannot tolerate oral NSAIDs due to?? symptoms. Physical examination of low back reveals limited range of motion. She can forward flex 30 degrees and extend 10 degrees. Right and left solaris are both 80 degrees causing left-sided back pain that radiates into the left buttock and posterior thigh. Palpation reveals muscle spasm in the lumbar trunk with loss of lordic curvature. There is an absent left Achilles reflex, +1 on the right, +1 on the bilateral knees. Motor strength appears 5/5 in the lower extremities. Left knee examination reveals obvious swelling in the knee. She can only flex the knee 110 degrees and extend 0 degrees. There is disuse atrophy in the left thigh and calf, ??? to the right counterpart. Passive range in flexion to extension reveals some crepidence in the knee joint. There is laticity in excess in all planes in the left knee consistent with her knee replacement. Diagnoses include a history of left total knee replacement, x-rays revealing hardware normal alignment, chronic back

pain with lumbar sprain, MRI reveals right paracentral disc herniation at L5-S1. There is moderate to severe facet arthrosis at L4-S1 per films. Anxiety disorder and depression, hyperthyroidism, insomnia due to pain. Prior utilization review dated 08/04/14 was non-certified. Utilization review, prior to the August 2014, dated 06/19/14 is a partial certification. Current request is for Norco 10/325mg #180, Lidoderm 5% #30, and Senkot #60. There are no urine drug screens submitted for review and no documentation of functional improvement is noted.

### **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 Opioids.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for Use of Opioids Page(s): 77.

**Decision rationale:** As noted on page 77 of the Chronic Pain Medical Treatment Guidelines, patients must demonstrate functional improvement in addition to appropriate documentation of ongoing pain relief to warrant the continued use of narcotic medications. There is no clear documentation regarding the functional benefits or any substantial functional improvement obtained with the continued use of narcotic medications. There are no documented VAS pain scores for this patient with or without medications. In addition, no recent opioid risk assessments regarding possible dependence or diversion were available for review. As the clinical documentation provided for review does not support an appropriate evaluation for the continued use of narcotics as well as establish the efficacy of narcotics, the medical necessity of this medication cannot be established at this time. Specific examples of improved functionality should be provided to include individual activities of daily living, community activities, and exercise able to perform as a result of medication use.

**Lidoderm 5% #30:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Lidoderm (lidocaine patch) Page(s): 56.

**Decision rationale:** As noted on page 56 of the Chronic Pain Medical Treatment Guidelines, the safety and efficacy of compounded medications has not been established through rigorous clinical trials. Lidoderm is recommended for a trial if there is evidence of localized pain that is consistent with a neuropathic etiology. There should be evidence of a trial of first-line neuropathy medications (tri-cyclic or SNRI anti-depressants or an AED such as gabapentin or Lyrica). Lidoderm is not generally recommended for treatment of osteoarthritis or treatment of

myofascial pain/trigger points. Therefore this compound cannot be recommended as medically necessary as it does not meet established and accepted medical guidelines.

**Senkot #60:** Upheld

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

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (Chronic), Opioid-induced constipation treatment

**Decision rationale:** As noted on page 77 of the Chronic Pain Medical Treatment Guidelines, prophylactic constipation measures should be initiated when long-term opioid medications are to be utilized; however, there is no indication in the documentation that attempts were made and failed at first-line treatment options to include proper diet, activity modification and increased fluid intake. Additionally, there is indication that the patient cannot utilize the readily available over-the-counter formulation of the medication. Additionally, current guidelines do not recommend the use of medical foods or herbal medicines. As such, the request for this medication cannot be recommended as medically necessary.