

<b>Case Number:</b>	CM14-0142597		
<b>Date Assigned:</b>	09/10/2014	<b>Date of Injury:</b>	04/18/2007
<b>Decision Date:</b>	10/14/2014	<b>UR Denial Date:</b>	08/08/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/03/2014

### 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 Anesthesiology, Pain Medicine and is licensed to practice in Florida. 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 54-year-old male who reported an injury on 04/18/2007, due to an unknown mechanism. Diagnoses were post lumbar laminectomy syndrome, disc disorder, lumbar; spinal/lumbar degenerative disc disease; low back pain; mood disorder, other; spasm of muscle. Past treatments were TENS unit, epidural steroid injections, and functional restoration program. Diagnostic studies were an MRI of the lumbar spine. Physical examination on 06/04/2014 revealed complaints of back pain that radiated from the low back down to the posterior aspect of the lower extremity that included thigh and calf to lateral foot. The injured worker reported his pain level to be a 1 on a scale of 1 to 10 with medications. Without medications, it was reported to be a 3/10. Sleep quality was fair. The injured worker reported that the medications were working well. No side effects reported. The injured worker reported muscle spasms that traveled down his low back. Examination of the lumbar spine revealed range of motion was restricted with flexion limited to 35 degrees. Extension was to 15 degrees, lateral rotation to the left was to 20 degrees, lateral rotation to the right was limited to 20 degrees. On palpation, paravertebral muscles, hypertonicity, spasm, tenderness, and tight muscle band was noted on both sides. Straight leg raising tests were positive on both sides. Medications were Flexeril 10 mg, oxycodone HCl 5 mg, Cozaar 25 mg, Darvocet 100/650 mg, Mobic 15 mg, and hydrochlorothiazide 25 mg. The rationale and Request for Authorization were not submitted.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Lidoderm Patch 5% #30:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Salicylate Topicals, Topical Analgesics, Lidocaine Page(s): 105, 111, 112.

**Decision rationale:** The California Medical Treatment Utilization Schedule guidelines indicate that topical analgesics are largely experimental in use with few randomized control trials to determine efficacy or safety. They are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Any compounded product that contains at least 1 drug (or drug class) that is not recommended is not recommended. The guidelines indicate that topical lidocaine (Lidoderm) may be recommended for localized peripheral pain after there has been evidence of a trial of first line therapy (tricyclic or SNRI antidepressants or an AED such as gabapentin or Lyrica). No other commercially approved topical formulation of lidocaine (whether creams, lotions, or gels) are indicated for neuropathic pain. The guidelines recommend treatment with topical salicylates. The efficacy of this medication was not reported. The request does not indicate a frequency for the medication. The guidelines do not support the use of topical lidocaine. There were no other significant factors provided to justify the use outside of current guidelines. Therefore, this request is not medically necessary.

**Oxycodone HCL 5 mg #30:** 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 Percocet, Ongoing Management Page(s): 75, 86, 78.

**Decision rationale:** The California Medical Treatment Utilization Schedule Guidelines recommend oxycodone/acetaminophen (Percocet) for moderate to severe chronic pain and that there should be documentation of the 4 A's for ongoing monitoring, including analgesia, activities of daily living, adverse side effects, and aberrant drug taking behavior. It further recommends that dosing of opioids not exceed 120 mg oral morphine equivalents per day, and for patients taking more than 1 opioid, the morphine equivalent doses of the different opioids must be added together to determine the cumulative dose. Although the injured worker has reported pain relief and functional improvement from the medication, the provider did not indicate a frequency for the medication. Therefore, this request is not medically necessary.

**Lab Test: Renal Panel:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs Page(s): 70.

**Decision rationale:** The California Medical Treatment Utilization Schedule recommends periodic lab monitoring of a chemistry profile (including liver and renal function tests). The guidelines recommend measuring liver transaminases within 4 to 8 weeks after starting therapy, but the interval of repeating lab tests after this treatment duration has not been established. Routine blood pressure monitoring is, however, recommended. This request far exceeds the recommended 4 to 8 week time period the guidelines recommend after starting therapy. It is unclear when the laboratory monitoring was last performed. Therefore, this request is not medically necessary.