

<b>Case Number:</b>	CM14-0142857		
<b>Date Assigned:</b>	10/06/2014	<b>Date of Injury:</b>	03/15/1996
<b>Decision Date:</b>	10/31/2014	<b>UR Denial Date:</b>	08/07/2014
<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 Physical Medicine and Rehabilitation, has a subspecialty in Interventional Spine 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 patient is a 68 year old with an injury date on 3/15/96. Patient complains of right-sided low lumbar pain radiating to the right hip/groin/foot with numbness, decreased cervical pain (since 8/15/13 Botox injection), and right thoracic pain radiating into scapular per 7/23/14 report. The right thoracic pain began October 2013, and the right lower extremity pain began in March 2014. Based on the 7/23/14 progress report provided by [REDACTED] the diagnoses are: 1. L-spine s/s, chronic LBP, rule out radiculopathy 2. cervical disc disorder with myelopathy 3. s/p right knee arthroscopy 7/27/07, 4. ulcerative colitis. 5. left foot stress fractures 6/10, s/p orthopedic correction, 6. spasmodic cervical torticollis. Exam on 7/23/14 showed "severe C-spine spasm, fixed marked dystonia torticollis to right with slight decrease since 8/15/13 Botox. C-spine range of motion decreased with extension at 40/70 degrees per 5/15/14 report. Patient's treatment history includes Botox injection, thoracic trigger point injection, S1 facet block steroid injection. [REDACTED] is requesting norco twice a day, valium twice a day, topamax 25mg, twice a day, lidoderm patches, and percocet. The utilization review determination being challenged is dated 8/7/14. [REDACTED] is the requesting provider, and he provided treatment reports from 4/25/14 to 9/12/14.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Norco twice a day:** 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): 76-78.

**Decision rationale:** This patient presents with lower back pain, right leg/foot pain, and right thoracic pain. The treater has asked for norco twice a day on 7/23/14. Patient has been taking Norco since 2/19/14 report. For chronic opioids use, 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, the treater indicates a decrease in pain with current medications which include Norco, but there are no discussion of this medication's efficacy in terms of functional improvement, quality of life change, or increase in activities of daily living. There is no discussion regarding urine toxicology, or other opiate management issues. Given the lack of sufficient documentation regarding chronic opiates management as required by MTUS, a slow taper off the medication is recommended at this time. Recommendation is for denial.

**Valium twice a day:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines Page(s): 24.

**Decision rationale:** This patient presents with lower back pain, right leg/foot pain, and right thoracic pain. The treater has asked for valium twice a day on 7/23/14. Patient has been taking Valium since 4/2/14. Regarding benzodiazepines, MTUS recommends for a maximum of 4 weeks, as long-term efficacy is unproven and there is a risk of dependence. In this case, the patient has been taking Valium for more than 3 months but MTUS recommends for only 4 weeks. The requested valium twice a day is not indicated for this patient at this time. Recommendation is for denial.

**Topamax 25mg, twice a day:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Anti-epilepsy drugs (AEDs).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Other Antiepileptic Drugs (Topiramate) Page(s): 16-22, 21.

**Decision rationale:** This patient presents with lower back pain, right leg/foot pain, and right thoracic pain. The treater has asked for topamax 25mg, twice a day on 7/23/14. Regarding Topiramate (Topamax, no generic available) MTUS recommends for neuropathic pain when other anticonvulsants fail. It has been shown to have variable efficacy, with failure to demonstrate efficacy in neuropathic pain of "central" etiology. It has recently been investigated as an adjunct treatment for obesity, but the side effect profile limits its use in this regard. In this case, the records do not indicate patient has a history or diagnosis of neuropathic pain. The patient suffers from musculoskeletal pains of the knees. While Topamax is sometimes used for headaches, the treater does not document pain reduction and function associated with Topamax. Recommendation is for denial.

**Lidoderm patches:** 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) ,, Topical Analgesics Page(s): 56-57. 111-113,. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) ODG: Pain chapter, Lidoderm

**Decision rationale:** This patient presents with lower back pain, right leg/foot pain, and right thoracic pain. The treater has asked for lidoderm patches on 7/23/14. Patient has been using Lidoderm patches since 4/2/14. MTUS guidelines page 57 states, "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)." MTUS Page 112 also states, "Lidocaine Indication: Neuropathic pain Recommended for localized peripheral pain." When reading ODG guidelines, it specifies that lidoderm 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, the treater does not document where the patient is using product and with what benefit. MTUS page 60 require documentation of function and pain reduction when medications are used for chronic pain. Lidoderm patches are not indicated for chronic low back pain, but peripheral neuropathic pain. Recommendation is for denial.

**Percocet:** Upheld

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

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

**Decision rationale:** This patient presents with lower back pain, right leg/foot pain, and right thoracic pain. The treater has asked for Percocet on 7/23/14. Patient has been taking Percocet since 2/19/14. For chronic opioids use, 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, the treater indicates a decrease in pain with current medications which include Percocet, but there are no discussion of this medication's efficacy in terms of functional improvement, quality of life change, or increase in activities of daily living. There is no discussion regarding urine toxicology, or other opiate management issues. Given the lack of sufficient documentation regarding chronic opiates management as required by MTUS, a slow taper off the medication is recommended at this time. Recommendation is for denial.