

<b>Case Number:</b>	CM14-0149607		
<b>Date Assigned:</b>	09/30/2014	<b>Date of Injury:</b>	09/04/2008
<b>Decision Date:</b>	10/31/2014	<b>UR Denial Date:</b>	08/27/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/15/2014

### 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 and 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 62-year-old male who reported injury on 09/04/2008 due to a fall of 25 feet. The injured worker has diagnoses of lumbar radiculopathy, cervical radiculopathy, post-traumatic stress disorder, post-concussion syndrome, pain in joint lower leg, and hand pain. Past medical treatment consists of physical therapy, acupuncture therapy, epidural steroid injections and medication therapy. Medications include Omeprazole, Norco, Lidoderm, Neurontin, Aleve, Atenolol, Lisinopril, Metformin, Novolin N, Simvastatin, Tamsulosin, Tylenol and Hydrocodone/Acetaminophen. On 04/21/2014, the injured worker underwent a drug urinalysis which confirmed the injured worker was in compliance with medications. In 11/2013, the injured worker underwent an MRI of the lumbar spine which revealed an L3-4 annular tear with 3 mm disc protrusion and ventral thecal sac effacement. On 09/03/2014, the injured worker complained of back pain. Pain was rated 8/10 with medication, and 10/10 without medication. Physical examination of the lumbar spine revealed that there was no scoliosis, asymmetry or abnormal curvature noted on inspection. Range of motion was restricted with flexion limited to 40 degrees limited by pain, extension limited to 10 degrees, right lateral bending limited to 10 degrees and left lateral bending limited to 10 degrees. On palpation, paravertebral muscles, spasm, tenderness and tight muscle band were noted on the left side. Lumbar facet loading was negative on both sides. Straight leg raising test was positive on the left side in the sitting position at 90 degrees. All lower extremity reflexes were equal and symmetric. The medical treatment plan is for the injured worker to continue use of medication. The rationale and Request for Authorization form were not submitted for review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Lidoderm 5 Percent #30: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Lidocaine Page(s): 57-58,112.

**Decision rationale:** The request for Lidoderm 5 Percent #30 is not medically necessary. The California MTUS Guidelines state Lidoderm is the brand name for lidocaine patch produced by Endo Pharmaceuticals. They are a largely experimental in use with few randomized controlled trials to determine efficacy or safety. Topical lidocaine 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. According to the MTUS Guidelines, lidocaine is recommended to patients with the diagnosis of radiculopathy. The submitted documents indicate that the injured worker had a diagnosis of radiculopathy. However, the submitted report lacked evidence of neuropathic pain. The efficacy of the medication was also not submitted for review. It was not indicated whether the Lidoderm patches were helping the injured worker with any functional deficits. Furthermore, the request as submitted did not indicate a frequency or duration of the medication. Given the above, the injured worker is not within the MTUS recommended guidelines. As such, the request is not medically necessary.

**Neurontin 300 mg #60: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Specific Anti-epilepsy Drugs gabapentin (Neurontin), Page(s): 18.

**Decision rationale:** The request for Neurontin 300 mg #60 is not medically necessary. The California MTUS Guidelines note that relief of pain with the use of medications is generally temporary and measures of the lasting benefit from this modality should include evaluating the effect of pain relief in relationship to improvements in function and increased activity. The guidelines note that Neurontin has been shown to be effective in treatment of diabetic pain, painful neuropathy and postherpetic neuralgia, and has been considered as a first line treatment for neuropathic pain. Documentation submitted for review did not mention any weakness or numbness, which would indicate neuropathy. Furthermore, there was no indication that the injured worker had a diagnosis that would be congruent with the guideline recommendations. Given the above, the injured worker is not within the MTUS recommended guidelines. As such, the request is not medically necessary.

**Norco 5/325 mg #30:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Norco, Ongoing Management Page(s): 75, and 78.

**Decision rationale:** The request for Norco 5/325 mg #30 is not medically necessary. The California MTUS Guidelines recommend short acting opioids such as Norco for controlling chronic pain. For ongoing management, there should be documentation of the 4 A's 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, morphine equivalent doses of the different opioids must be added together to determine the cumulative dose. Assessments should be submitted for review indicating what pain levels were before, during and after medication administration. The submitted documentation did not indicate the efficacy of the medication, nor did it indicate that Norco was helping with any functional deficits the injured worker might have had. There was a urinalysis submitted on 04/21/2014 showing that the injured worker was in compliance with medications. However, there was no assessment submitted for review indicating what pain levels were before, during, or after medication administration. Also there was no indication of the injured worker having any adverse side effects of the medication. Given the above, the injured worker is not within MTUS recommended guidelines. As such, the request is not medically necessary.