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| <b>Case Number:</b>   | CM14-0157422 |                              |            |
| <b>Date Assigned:</b> | 09/30/2014   | <b>Date of Injury:</b>       | 08/21/2009 |
| <b>Decision Date:</b> | 11/03/2014   | <b>UR Denial Date:</b>       | 09/12/2014 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 09/25/2014 |

### 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 & Rehabilitation 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:

This is a 56-year-old female with an 8/21/09 date of injury. A specific mechanism of injury was not described. According to a progress report dated 8/27/14, the patient complained of a gradual increase in low back pain. She also complained of stiffness, decreased range of motion, and muscle spasms. She rated her pain as a 6/10 with the use of medication and 10/10 without medication. She applies up to 3 Lidoderm patches to topical areas of neuropathic pain in the lower extremities every 12 hours on and every 12 hours off. The patient noted improved neuropathic pain with the addition of Lidoderm patches to her Lyrica. She has not been able to tolerate higher doses of Lyrica greater than 225mg a day. She has previously failed gabapentin and amitriptyline. She noted improved pain levels, improved functional status, and an increase in her activities. Objective findings: tenderness over the AC and glenohumeral joint, shoulder range of motion is stiff, limited range of motion of lumbar spine, areas of hyperpathia in the anterior thigh with sensitivity to light touch, hyperesthesia in the left lower extremity in the L4, L5, and S1 dermatomes. Diagnostic impression: lumbar degenerative disc disease, left L5 and S1 radiculopathy symptoms, bilateral shoulder impingement, Treatment to date: medication management, activity modification, acupuncture, epidural steroid injection. A UR decision dated 9/12/14 denied the requests for urine drug screen four times a year and Lidoderm patches. Regarding urine drug screens, without documentation of the date and results of prior urine drug testing, as well as no evidence of drug seeking behavior, the medical necessity for more frequent testing is not established. Regarding Lidoderm patches, although the current medication is subjectively reported to decrease pain and increase function, there is no supporting evidence of objective functional benefit with prior use of this medication.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Urine Drug Screen (UDS) four times a year: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Procedure

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Drug Testing Urine Testing in Ongoing Opiate Management Page(s): 43, 78. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) Chronic Pain Chapter 10, Chronic Use of Opioids, page(s) 222-238

**Decision rationale:** CA MTUS Chronic Pain Medical Treatment Guidelines state that a urine analysis is recommended as an option to assess for the use or the presence of illegal drugs, to assess for abuse, to assess before a therapeutic trial of opioids, addiction, or poor pain control in patients under on-going opioid treatment. It is noted that the patient is currently taking Norco, guidelines support urine drug screens in patients on chronic opioid therapy, up to 4 a year. However, this is a request for a year's worth of urine drug screens. A specific rationale as to why the patient requires a year's worth of urine drug screens at this time was not provided. Therefore, the request for Urine Drug Screen (UDS) four times a year was not medically necessary.

**Lidoderm Patches 5% # 90: Overturned**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 56-57. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter - Lidoderm

**Decision rationale:** CA MTUS states that 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). ODG states that Lidoderm is not generally recommended for treatment of osteoarthritis or treatment of myofascial pain/trigger points. In the present case, it is noted that the patient applies up to 3 Lidoderm patches to topical areas of neuropathic pain in the lower extremities every 12 hours on and every 12 hours off. The patient noted improved neuropathic pain with the addition of Lidoderm patches to her Lyrica. She has not been able to tolerate higher doses of Lyrica greater than 225mg a day. She has previously failed gabapentin and amitriptyline. She noted improved pain levels, improved functional status, and an increase in her activities with the use of Lidoderm patches in addition to Lyrica. Guidelines support the continued use of Lidoderm patches if the area for treatment is designated as well as number of planned patches and duration for use (number of hours per day). Furthermore, there is documentation that the patient has had a trial of gabapentin, amitriptyline, and Lyrica, first-line agents for neuropathic pain. Therefore, the request for Lidoderm Patches 5% # 90 was medically necessary.

