

<b>Case Number:</b>	CM14-0161375		
<b>Date Assigned:</b>	10/06/2014	<b>Date of Injury:</b>	03/22/2010
<b>Decision Date:</b>	10/30/2014	<b>UR Denial Date:</b>	09/03/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/01/2014

### 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, has a subspecialty in Pain 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:

According to the records made available for review, this is a 36-year-old female with a 3/22/10 date of injury. At the time (8/25/14) of request for authorization for Norco 10/325 #90, Ultram 50mg #180, and Lidoderm Patches #30, there is documentation of subjective (low back pain radiating to the right posterior leg and right foot with numbness and tingling) and objective (tenderness to palpitation over the right lumbosacral region, decreased range of motion of the lumbar spine, mild tenderness to palpitation along the L3-S1 region, positive straight leg raise on the right side, positive sciatica, and dysesthesia along the right L5-S1 dermatome) findings, current diagnoses (degeneration of lumbar/lumbosacral intervertebral disc, displacement of lumbar intervertebral disc without myelopathy, chronic pain syndrome, thoracic/lumbosacral neuritis, muscle spasm, and lumbar facet joint pain), and treatment to date (medications (including ongoing treatment with Tramadol, Norco, gabapentin, and Lidoderm Patches since at least 4/4/14)). Medical reports identify that pain is maintained at manageable level allowing the patient to complete necessary activities of daily living. Regarding Norco and Ultram, there is no documentation that that the prescriptions are from a single practitioner and are taken as directed; the lowest possible dose is being prescribed; and there will be ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Regarding Lidoderm patches, there is no documentation that a trial of first-line therapy (tri-cyclic or SNRI anti-depressants or an AED such as Gabapentin or Lyrica) has failed.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Norco 10/325 #90:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Page(s): 74-80. Decision based on Non-MTUS Citation Title 8, California Code of Regulations, section 9792.20

**Decision rationale:** MTUS Chronic Pain Medical Treatment Guidelines necessitate documentation that the prescriptions are from a single practitioner and are taken as directed; the lowest possible dose is being prescribed; and there will be ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects, as criteria necessary to support the medical necessity of opioids. MTUS-Definitions identifies that any treatment intervention should not be continued in the absence of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services. Within the medical information available for review, there is documentation of diagnoses of degeneration of lumbar/ lumbosacral intervertebral disc, displacement of lumbar intervertebral disc without myelopathy, chronic pain syndrome, thoracic/lumbosacral neuritis, muscle spasm, and lumbar facet joint pain. In addition, there is documentation of ongoing treatment with Norco. Furthermore, given documentation that pain is maintained at manageable level allowing the patient to complete necessary activities of daily living, there is documentation of functional benefit and an increase in activity tolerance as a result of Norco use to date. However, there is no documentation that the prescriptions are from a single practitioner and are taken as directed; the lowest possible dose is being prescribed; and there will be ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Therefore, based on guidelines and a review of the evidence, the request for Norco 10/325 #90 is not medically necessary.

**Ultram 50mg #180:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Page(s): 74-80,113. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: Title 8, California Code of Regulations, section 9792.20

**Decision rationale:** MTUS Chronic Pain Medical Treatment Guidelines identifies documentation that the prescriptions are from a single practitioner and are taken as directed; the lowest possible dose is being prescribed; and there will be ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects; as criteria necessary to support the medical necessity of Opioids. MTUS-Definitions identifies that any treatment intervention should not be continued in the absence of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services. In addition, specifically regarding Tramadol, MTUS Chronic

Pain Medical Treatment Guideline identifies documentation of moderate to severe pain and Tramadol used as a second-line treatment (alone or in combination with first-line drugs), as criteria necessary to support the medical necessity of Tramadol. Within the medical information available for review, there is documentation of diagnoses of degeneration of lumbar/lumbosacral intervertebral disc, displacement of lumbar intervertebral disc without myelopathy, chronic pain syndrome, thoracic/lumbosacral neuritis, muscle spasm, and lumbar facet joint pain. In addition, there is documentation of ongoing treatment with Ultram and Ultram used as a second-line treatment. Furthermore, given documentation that pain is maintained at manageable level allowing the patient to complete necessary activities of daily living, there is documentation of functional benefit and an increase in activity tolerance as a result of Ultram use to date. However, there is no documentation that the prescriptions are from a single practitioner and are taken as directed; the lowest possible dose is being prescribed; and there will be ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Therefore, based on guidelines and a review of the evidence, the request for Ultram 50mg #180 is not medically necessary.

**Lidoderm Patches #30:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Lidoderm (lidocaine patch), Page(s): 56-57. Decision based on Non-MTUS Citation Title 8, California Code of Regulations, section 9792.20

**Decision rationale:** MTUS Chronic Pain Medical Treatment Guidelines identifies documentation of neuropathic pain after there has been evidence that a trial of first-line therapy (tri-cyclic or SNRI anti-depressants or an AED such as gabapentin or Lyrica) has failed, as criteria necessary to support the medical necessity of a lidocaine patch. MTUS-Definitions identifies that any treatment intervention should not be continued in the absence of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services. Within the medical information available for review, there is documentation of diagnoses of degeneration of lumbar/ lumbosacral intervertebral disc, displacement of lumbar intervertebral disc without myelopathy, chronic pain syndrome, thoracic/lumbosacral neuritis, muscle spasm, and lumbar facet joint pain. In addition, there is documentation of neuropathic pain and ongoing treatment with Lidoderm patches. Furthermore, given documentation that pain is maintained at manageable level allowing the patient to complete necessary activities of daily living, there is documentation of functional benefit and an increase in activity tolerance as a result of Lidoderm patches use to date. However, there is no documentation that a trial of first-line therapy (tri-cyclic or SNRI anti-depressants or an AED such as gabapentin or Lyrica) has failed. The request for Lidoderm Patches #30 is not medically necessary.