

<b>Case Number:</b>	CM14-0114127		
<b>Date Assigned:</b>	08/01/2014	<b>Date of Injury:</b>	07/20/2002
<b>Decision Date:</b>	07/13/2015	<b>UR Denial Date:</b>	07/09/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/22/2014

### 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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

### 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 55 year old male who sustained an industrial injury on 07/20/02. Initial complaints and diagnoses are not available. Treatments to date include medications. Diagnostic studies include a MRI of the lumbar spine on 08/24/11. Current complaints include neck, mid and low back pain. Current diagnoses include degenerative disc disease of the lumbar spine with worsening radiculopathy, worsening mechanical low back complaints, lumbar facet hypertrophy and persistent bilateral knee complaints. In a progress note dated 06/10/14 the treating provider reports the plan of care as medications including Norco, gabapentin, LidoPro, a urine drug screen on the date of service, med panel, and a medial branch block bilaterally at L3-L5. The requested treatments include hydrocodone, LidoPro, and a med panel. A progress report dated April 2015 indicates that the patient's current pain medication reduces the pain in his legs, allows them to sleep longer and sit longer, and causes no side effects. Notes indicate that a urine drug screen performed on June 10, 2014 was positive for hydrocodone. Current medications include Ultracet, gabapentin, and cyclobenzaprine cream.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Hydrocodone / APAP 10/325mg #60:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, specific drug list: Hydrocodone; Opioids, criteria for use; Regarding weaning of medications.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26 MTUS (Effective July 18, 2009) Page(s): 44, 47, 75-79, 120 of 127.

**Decision rationale:** Regarding the request for Norco (hydrocodone/acetaminophen), California Pain Medical Treatment Guidelines state that this is an opiate pain medication. Due to high abuse potential, close follow-up is recommended with documentation of analgesic effect, objective functional improvement, side effects, and discussion regarding any aberrant use. Guidelines go on to recommend discontinuing opioids if there is no documentation of improved function and pain. Within the documentation available for review, there is no indication that the medication is improving the patient's function or pain (in terms of specific examples of functional improvement and percent reduction in pain or reduced NRS), no documentation regarding side effects, and no discussion regarding aberrant use. As such, there is no clear indication for ongoing use of the medication. Opioids should not be abruptly discontinued, but unfortunately, there is no provision to modify the current request to allow tapering. In light of the above issues, the currently requested Norco (hydrocodone/acetaminophen) is not medically necessary.

**LidoPro Topical Ointment 4oz, #1:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Medications; Capsaicin, topical; Lidocaine, topical; Salicylate topical.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26 MTUS (Effective July 18, 2009) Page(s): 111-113 of 127. Decision based on Non-MTUS Citation x Other Medical Treatment Guideline or Medical Evidence:<http://dailymed.nlm.nih.gov/dailymed/lookup.cfm?setid=ef3f3597-94b9-4865-b805-a84b224a207e>.

**Decision rationale:** Regarding request for LidoPro, LidoPro contains Capsaicin 0.0325%, Lidocaine 4.5%, Menthol 10%, and Methyl Salicylate 27.5%. Chronic Pain Medical Treatment Guidelines state that any compounded product that contains at least one drug or drug class that is not recommended, is not recommended. Regarding use of capsaicin, guidelines state that it is recommended only as an option for patients who did not respond to or are intolerant to other treatments. Regarding the use of topical lidocaine, Chronic Pain Medical Treatment Guidelines recommend the use of topical lidocaine for localized peripheral pain after there has been evidence of a trial of the 1st line therapy such as tri-cyclic antidepressants, SNRIs, or antiepileptic drugs. Guidelines go on to state that no commercially approved topical formulations of lidocaine cream, lotion, or gel are indicated for neuropathic pain. Within the documentation available for review, there is no indication that the patient has failed first-line therapy recommendations. Furthermore, guidelines do not support the use of topical lidocaine preparations which are not in patch form. In addition, there is no indication that the patient has been intolerant to or did not respond to other treatments prior to the initiation of capsaicin

therapy. In the absence of clarity regarding those issues, the currently requested LidoPro is not medically necessary.

**Medication panel:** Overturned

**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 8 C.C.R. 9792.20 - 9792.26 MTUS (Effective July 18, 2009) Page(s): 76-79 and 99 of 127. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Chronic Pain Chapter Urine Drug Testing.

**Decision rationale:** Regarding the request for a repeat urine toxicology test (UDS), CA MTUS Chronic Pain Medical Treatment Guidelines state the drug testing is recommended as an option. Guidelines go on to recommend monitoring for the occurrence of any potentially aberrant (or non-adherent) drug related behaviors. ODG recommends urine drug testing on a yearly basis for low risk patients, 2-3 times a year for moderate risk patients, and possibly once per month for high risk patients. Within the documentation available for review, it appears the patient is taking controlled substance medication. And there is no indication that the patient has had a urine drug screen within the past 12 months. As such, the currently requested repeat urine toxicology test is medically necessary.