

<b>Case Number:</b>	CM14-0210462		
<b>Date Assigned:</b>	12/23/2014	<b>Date of Injury:</b>	05/24/2013
<b>Decision Date:</b>	02/13/2015	<b>UR Denial Date:</b>	11/26/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/15/2014

### 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 Physical Medicine Rehab, 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 26 year-old patient sustained an injury on 5/24/13 from repetitive trauma while employed by [REDACTED]. Request(s) under consideration include Norco 10/325mg #90, Lidoderm patches #30, and Peri-Colace #40. Diagnoses include Lumbar broad based disc bulge. EMG was consistent with bilateral CTS. Conservative care has included medications, therapy, and modified activities/rest. The patient continues with chronic ongoing pain complaints. Report of 11/10/14 from the provider noted continued persistent pain in lumbar spine, bilateral shoulders, wrists and hands and right knee made worse with weather and activities. Medications decrease pain from 8-9/10 to 6-7/10. There was no reported change in clinical presentation. Treatment included medications. The request(s) for Norco 10/325mg #90 was modified and Lidoderm patches #30, and Peri-Colace #40 were non-certified on 11/26/14 citing guidelines criteria and lack of medical necessity.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Norco 10/325mg quantity 90:** Upheld

**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 Opioids Page(s): 74-96.

**Decision rationale:** This 26 year-old patient sustained an injury on 5/24/13 from repetitive trauma while employed by [REDACTED]. Request(s) under consideration include Norco 10/325mg #90, Lidoderm patches #30, and Peri-Colace #40. Diagnoses include Lumbar broad based disc bulge. EMG was consistent with bilateral CTS. Conservative care has included medications, therapy, and modified activities/rest. The patient continues with chronic ongoing pain complaints. Report of 11/10/14 from the provider noted continued persistent pain in lumbar spine, bilateral shoulders, wrists and hands and right knee made worse with weather and activities. Medications decrease pain from 8-9/10 to 6-7/10. There was no reported change in clinical presentation. Treatment included medications. The request(s) for Norco 10/325mg #90 was modified and Lidoderm patches #30, and Peri-Colace #40 were non-certified on 11/26/14. Per the MTUS Guidelines cited, opioid use in the setting of chronic, non-malignant, or neuropathic pain is controversial. Patients on opioids should be routinely monitored for signs of impairment and use of opioids in patients with chronic pain should be reserved for those with improved functional outcomes attributable to their use, in the context of an overall approach to pain management that also includes non-opioid analgesics, adjuvant therapies, psychological support, and active treatments (e.g., exercise). Submitted documents show no evidence that the treating physician is prescribing opioids in accordance to change in pain relief, functional goals with demonstrated improvement in daily activities, decreased in medical utilization or change in functional status. There is no evidence presented of random drug testing or utilization of pain contract to adequately monitor for narcotic safety, efficacy, and compliance. The MTUS provides requirements of the treating physician to assess and document for functional improvement with treatment intervention and maintenance of function that would otherwise deteriorate if not supported. From the submitted reports, there is no demonstrated evidence of specific functional benefit derived from the continuing use of opioids with persistent severe pain for this chronic injury without acute flare, new injury, or progressive deterioration. The Norco 10/325mg #90 is not medically necessary and appropriate.

**Lidoderm patches quantity 30:** Upheld

**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 Topical Medications Page(s): 111-113. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Lidoderm (Lidocaine patch), page 751.

**Decision rationale:** This 26 year-old patient sustained an injury on 5/24/13 from repetitive trauma while employed by [REDACTED]. Request(s) under consideration include Norco 10/325mg #90, Lidoderm patches #30, and Peri-Colace #40. Diagnoses include Lumbar broad based disc bulge. EMG was consistent with bilateral CTS. Conservative care has included medications, therapy, and modified activities/rest. The patient continues with chronic ongoing pain complaints. Report of 11/10/14 from the provider noted continued persistent pain in lumbar spine, bilateral shoulders, wrists and hands and right knee made worse with weather and activities. Medications decrease pain from 8-9/10 to 6-7/10. There was no reported change in clinical presentation. Treatment included medications. The request(s) for Norco 10/325mg

#90 was modified and Lidoderm patches #30, and Peri-Colace #40 were non-certified on 11/26/14. The patient exhibits diffuse tenderness and pain on the exam to the spine and extremities. The chance of any type of patch improving generalized symptoms and functionality significantly with such diffuse pain is very unlikely. Topical Lidoderm patch is indicated for post-herpetic neuralgia, according to the manufacturer. There is no evidence in any of the medical records that this patient has a neuropathic source for the diffuse pain. Without documentation of clear localized, peripheral pain to support treatment with Lidoderm along with functional benefit from treatment already rendered, medical necessity has not been established. There is no documentation of intolerance to oral medication as the patient is also on multiple other oral analgesics. Lidoderm patches #30 is not medically necessary and appropriate.

**Peri-colace quantity 40:** Upheld

**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 Opioid-Initiating Therapy and Long-term users of Opioids Page(s): 77, 88.

**Decision rationale:** This 26 year-old patient sustained an injury on 5/24/13 from repetitive trauma while employed by [REDACTED]. Request(s) under consideration include Norco 10/325mg #90, Lidoderm patches #30, and Peri-Colace #40. Diagnoses include Lumbar broad based disc bulge. EMG was consistent with bilateral CTS. Conservative care has included medications, therapy, and modified activities/rest. The patient continues with chronic ongoing pain complaints. Report of 11/10/14 from the provider noted continued persistent pain in lumbar spine, bilateral shoulders, wrists and hands and right knee made worse with weather and activities. Medications decrease pain from 8-9/10 to 6-7/10. There was no reported change in clinical presentation. Treatment included medications. The request(s) for Norco 10/325mg #90 was modified and Lidoderm patches #30, and Peri-Colace #40 were non-certified on 11/26/14. Docusate Sodium is a medication that is often provided for constipation, a common side effect with opioid medications. The patient continues to treat for chronic symptoms for this chronic injury; however, there are no noted symptoms, clinical findings, or diagnoses related to GI side effects. Although chronic opioid use is not supported, Docusate Sodium (Colace) a medication that is often provided for constipation, a common side effect with opioid medications may be provided for short-term relief as long-term opioid use is supported; however, submitted documents have not adequately addressed or demonstrated the indication of necessity for this medication with opiates not indicated for this 2013 injury. The Peri-Colace #40 is not medically necessary and appropriate.