

<b>Case Number:</b>	CM14-0210974		
<b>Date Assigned:</b>	12/23/2014	<b>Date of Injury:</b>	05/23/2001
<b>Decision Date:</b>	02/27/2015	<b>UR Denial Date:</b>	12/05/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/16/2014

### 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: Texas, Ohio, California

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

### 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 applicant is a represented [REDACTED] employee who has filed a claim for chronic neck pain, mid back pain, and low back pain reportedly associated with an industrial injury of May 23, 2001. In a Utilization Review Report dated September 3, 2014, the claims administrator denied a request for Lidoderm, Norco, and Zanaflex. The claims administrator referenced progress note dated September 23, 2014 and November 19, 2014, in its determination. The applicant's attorney subsequently appealed. On July 9, 2014 progress note, the applicant reported persistent complaints of pain, depressions, anxiety, and frustration. The applicant had multifocal pain complaints including about the wrist, neck, and low back. The applicant expressed frustration with Worker's Compensation system. The applicant was in the process of transferring care to a new primary treating provider, it was acknowledged. The applicant was using a cane to move about. The applicant's primary diagnosis was failed back syndrome status post earlier lumbar laminectomy surgery. Multiple medications were refilled. The applicant was given Toradol injections. The applicant's work status was not stated. A psychology consultation was endorsed. On October 20, 2014, the applicant reported persistent complaints of low back pain, 9/10. The applicant again stated that he was not getting adequate analgesia with appropriate treatment in one section of the note. In another section of the note, the attending provider stated that the applicant was deriving some improvement with his pain medications, including Norco, by 50 to 60%. The applicant's medications included Norco at a rate of six tablets a day, Zanaflex twice daily, Cymbalta daily, and Lidoderm patches. The applicant's diagnoses included chronic low back pain, lumbar radiculopathy, failed back

syndrome status post three laminectomy surgeries, depression, anxiety, and failed spinal cord stimulator implantation. Multiple medications were renewed. The applicant reportedly had weaned off of Opana at earlier point in time. The applicant's work status, once again, was not clearly outlined.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

#### **Lidoderm 5% patches 1-2: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Functional Restoration Approach to Chronic Pain Management and Topical Lidocaine Page(s): 7 and.

**Decision rationale:** While page 112 of the MTUS Chronic Pain Medical Treatment Guidelines does acknowledge that topical lidocaine is indicated in the treatment of localized peripheral pain/neuropathic pain in applicants in whom there has been a trial of first line therapy with antidepressants and/or anticonvulsants, this recommendation is, however, qualified by commentary made on page 7 of the MTUS Chronic Pain Medical Treatment Guidelines to the effect that an attending provider should incorporate some discussion of medications efficacy into his choice of recommendations. Here, the applicant's work status has not been clearly outlined. It does not appear that the applicant is working. The applicant continues to report severe pain complaints as high as 9/10, despite ongoing Lidoderm patch usage. Ongoing usage of Lidoderm patch has failed to curtail the applicant's dependence on opioids agents such as Norco. All of the foregoing, taken together, suggests a lack of functional improvement as defined in MTUS 9792.20f, despite ongoing usage of Lidoderm. Therefore, the request was not medically necessary.

#### **Zanaflex 4mg #60: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Functional Restoration Approach to Chronic Pain Management, Tizanidine/Zanaflex Page(s): 7 and 6.

**Decision rationale:** While page 66 of the MTUS Chronic Pain Medical Treatment Guidelines does acknowledge that Tizanidine (Zanaflex) is FDA approved in management of spasticity, but can be employed off label for low back pain as was/is present here, this recommendation is likewise qualified by commentary made on page 7 of the MTUS Chronic Pain Medical Treatment Guidelines to the effect that an attending provider should incorporate some discussion of medication efficacy into its choice of recommendations. Here, the applicant was/is seemingly

off of work, despite ongoing usage of Tizanidine (Zanaflex). The applicant continued to report pain complaints as high as 9/10 on October 22, 2014, despite ongoing usage of Tizanidine (Zanaflex). The applicant remains dependent on a cane, as stated on July 9, 2014. The applicant remains dependent on opioid agent such as Norco, again despite ongoing usage of Tizanidine (Zanaflex). All of the foregoing, taken together, suggests a lack of functional improvement as defined MTUS 9792.20f, despite ongoing usage of the same. Therefore, the request was not medically necessary.

**Norco 10/325mg #120:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines When to Continue Opioids Page(s): 80.

**Decision rationale:** As noted on page 80 of the MTUS Chronic Pain Medical Treatment Guidelines, the cardinal criteria for continuation of opioid therapy include evidence of successful return to work, improved functioning, and/or reduced pain achieved as a result of the same. Here, the applicant was/is off of work, despite ongoing usage of Norco. The applicant continues to report difficulty performing activities of daily living as basic as ambulating. The applicant is still dependent on a cane. 9/10 pain was reported on October 22, 2014. The attending provider failed to outline any material improvements in function achieved as a result of the ongoing Norco usage. All of the foregoing, taken together, did not make a compelling case for continuation of the same. Therefore, the request was not medically necessary.