

<b>Case Number:</b>	CM14-0211191		
<b>Date Assigned:</b>	12/24/2014	<b>Date of Injury:</b>	10/12/1999
<b>Decision Date:</b>	02/27/2015	<b>UR Denial Date:</b>	12/03/2014
<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: California

Certification(s)/Specialty: Physical Medicine & Rehabn

### 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 patient is a 64-year-old male with an injury date of 10/12/1999. Based on the 06/12/2014 progress report, the patient complains of low back pain and leg weakness. He can walk about 200 yards before he has to stop due to leg weakness, has bowel and bladder symptoms, and indicates that he has to get up several times in the middle of the night to urinate. The 07/29/2014 report states that the patient continues to have severe pain in his back with radiation to the lower extremities and weakness with walking. He ambulates with the aid of a cane, has tenderness in the lower lumbar paravertebral musculature, and has a forward flexion of 30 degrees. The 10/21/2014 report indicates that the patient has difficulty sleeping at night secondary to pain. No additional positive exam findings were provided. The patient's diagnoses include the following: Multilevel spinal stenosis, severe. Neurogenic claudication. The utilization review determination being challenged is dated 12/03/2014. There are 3 treatment reports provided from 06/12/2014, 07/29/2014, and 10/21/2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Tylenol #4 30/60 mg #60 with 2 refills:** Overturned

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Criteria For Use Of Opioids; medication for chronic pain Page(s): 60,61;76-78;88-89.

**Decision rationale:** The patient presents with low back pain radiating to his legs. The request is for Tylenol #4 30/60 Mg #60 With 2 Refills. Tylenol #4 is first mentioned on the 10/21/2014 report. MTUS Guidelines pages 88 and 89 state, "pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or a validated instrument." MTUS page 78 also requires documentation of the 4 A's (analgesia, ADLs, adverse side effects, and adverse behavior), as well as "pain assessment" or outcome measures that include current pain, average pain, least pain, intensity of pain after taking the opiate, time it takes for medication to work, and duration of pain relief. MTUS Guidelines page 60-61 state that "before prescribing any medication for pain, the following should occur: (1) Determine the aim of use of the medication: (2) Determine the potential benefits and adverse effects: (3) Determine the patient's preference. Only one medication should be given at a time, and interventions that are active and passive should remain unchanged at the time of the medication change. A trial should be given for each individual medication. Analgesic medications should show effects within 1 to 3 days, and the analgesic effect of antidepressants should occur within one week. A record of pain and function with the medication should be recorded." It appears that the patient's first prescription of Tylenol No. 4 is on 10/21/2014. The 10/21/2014 states "the patient is quite symptomatic. He is in a significant amount of pain. He requires pain management for his chronic back pain related to his industrial injury." The patient is currently taking Tylenol No. 4 and lidocaine 5%/flurbiprofen 20%. There is no mention of any prior opiate use. Given the patient's neuropathic pain that is moderately severe, a trial of opiate would appear reasonable and consistent with the guidelines. The request IS medically necessary.

**Lidocaine 5%/Flurbiprofen 20 % 120 g with 2 refills:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines topical creams Page(s): 111.

**Decision rationale:** The patient presents with low back pain radiating to his legs. The request is for Lidocaine 5%/Flurbiprofen 20% 120 G With 2 Refills. MTUS Guidelines has the following regarding topical creams (page 111, chronic pain section): "Topical analgesics: Nonsteroidal antiinflammatory agents (NSAIDs): Efficacy in clinical trials for this treatment modality has been inconsistent and most of these are small and of short duration. Topical NSAIDs have been shown in meta-analysis to be superior to placebo during the first 2 weeks of treatment for osteoarthritis, but either not afterward, or with a diminishing effect over another 2-week period. Topical lidocaine, in the formulation of a dermal patch (Lidoderm), has been designated for orphan status by the FDA for neuropathic pain. Lidoderm is also used off-label for diabetic neuropathy. No other commercially-approved topical formulations of lidocaine (whether

creams, lotions, or gels) are indicated for neuropathic pain." In this case, the patient has tenderness in the lower lumbar paravertebral musculature, forward flexion at 60 degrees, extension at 10 degrees, lateral bending at 30 degrees. MTUS Guidelines do not recommend a compounded product if one of the compounds are not indicated for use. Lidocaine (in a non-patch form) is not indicated as a topical formulation. Therefore, the requested lidocaine 5%/flurbiprofen 20% IS NOT medically necessary.