

<b>Case Number:</b>	CM14-0085183		
<b>Date Assigned:</b>	07/23/2014	<b>Date of Injury:</b>	07/31/2001
<b>Decision Date:</b>	06/10/2015	<b>UR Denial Date:</b>	06/02/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/06/2014

### 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 56 year old male who sustained an industrial injury on 07/30/2001. Diagnoses include flare up of back pain, history of lumbar sprain/strain with lumbar degenerative joint disease. Magnetic Resonance Imaging revealed severe facet arthrosis from L4-S1. He also has a provocative diskogram in the lower 3 disks suggesting discogenic pain. He has bilateral knee pain with a history of multiple surgeries in the way of arthroscopies of both knees with degenerative joint disease in both knees, CMC joint arthritis in both hand and a history of carpal tunnel syndrome. He has had bilateral carpal tunnel releases with ongoing symptoms. Treatment to date has included diagnostic studies, multiple knee arthroscopies and debridement procedures in knees, medications, physical therapy, home exercise program, Transcutaneous Electrical Nerve Stimulation unit and Toradol injections. A physician progress note dated 05/20/2014 documents the injured worker complains of severe back pain today. He is forward flexed and doubles over. He states his back is in spasm again. His pain is about 9 out of 10. He states he gets 50% reductions in his pain and 50% functional improvement with activities of daily living with his medications versus not taking the medications. He has his Norco down to 2 two pills a day, and takes Butrans pain patch at 5mcg/hour, and Celebrex. He continues on Lyrica at night to offset burning pain that radiates down his left leg and the burning pain in his knees. The injured worker has Lidoderm patches for his knees. In addition he uses Baclofen for a spasm which is helpful. He continues with the use of a Transcutaneous Electrical Nerve Stimulation unit. He has pain in his knees which he rates as 6 out of 10 on the pain scale. His back pain is at its best a 5 out of 10 with medications, and at its worse a 10 out of 10 without

medications. He is requesting a Toradol injection, which has helped in the past. He has limited range of motion in his back. He ambulates with a limp. Palpation reveals muscle spasm with loss of lordotic curvature. He can forward flex 30 degrees, extend 10 degrees. Right and left straight leg raise are both 80 degrees causing left-sided back pain. He has swelling in both knees, and there is crepitus in passive range from flexion to extension. There is valgus and varus laxity with stress testing g in both knees. There is excessive laxity with anterior drawer sign in the right knee. Patellar compression remains painful in both knees. Both hand reveal positive Phalen's and Tinel's signs and Finkelstein maneuvers. He received a Toradol injection with this visit, he is to continue with his exercises, and medications were reordered. Treatment requested is for 1 prescription of Lidoderm Patch 5%, # 60, and 1 prescription of Norco 10/325mg, # 60.

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

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

#### **1 prescription of Norco 10/325mg, # 60: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioid Medication Page(s): 75-80.

**Decision rationale:** Regarding the request for Norco (hydrocodone/acetaminophen), Chronic Pain Medical Treatment Guidelines state that Norco 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 indication that the medication is improving the patient's function and pain. However, there is no documentation regarding side effects, and no documentation of actual results of urine drug screen and CUREs report. Although several notes indicate that urine toxicology testing has been consistent, there are no specific dates or results mentioned. 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.

#### **1 prescription of Lidoderm Patch 5%, # 60: Overturned**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain (Chronic) Criteria for the use of Lidoderm patches.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Lidocaine Page(s): 112.

**Decision rationale:** Regarding request for topical Lidoderm, 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 first line therapy such as tricyclic antidepressants, SNRIs, or antiepileptic drugs. Within the documentation available for review, the patient is taking lidocaine patch with documented 50% pain reduction. There is documentation of neuropathic knee pain relating to history of arthroscopic knee surgery. As such, the currently requested Lidoderm is medically necessary.