

<b>Case Number:</b>	CM15-0115671		
<b>Date Assigned:</b>	06/24/2015	<b>Date of Injury:</b>	11/15/2004
<b>Decision Date:</b>	07/29/2015	<b>UR Denial Date:</b>	05/23/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/16/2015

### 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, Hawaii

Certification(s)/Specialty: Physical Medicine & Rehabilitation

### 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 66 year old male with an industrial injury dated 11/05/2004. His diagnoses included displacement of lumbar intervertebral disc without myelopathy, chronic pain syndrome and opioid dependence. Comorbid diagnoses included cirrhosis of liver, diabetes and high cholesterol. Prior treatments included epidural steroid injections (not helpful), anti- neuropathic medications, opioid based medications, anti-inflammatory medications, TENS and topical analgesics. He presents on 05/12/2015 with low back and right leg injury. He notes a burning pain that radiates down the right leg and numbness in the leg however, the numbness is better managed on medications including Gabapentin and the oral supplement alpha lipoic acid. He notes that the denials have been previously made for his gym membership and some of his medications. He reports (as a result) he has a decrease in walking tolerance as well as weight gain. He notes he spends most of his time lying down during the day. He also reports depression, suicidal ideation (sometimes) and anxiety. He was alert and oriented. There were some limitations with walking on the toes of the right foot. On palpation there appeared to be trigger point tenderness around the lower right paraspinous region. Range of motion of the lumbar spine was limited. There was a slight decrease to pinprick in the right leg in comparison to the left. His medications included Metformin, Oxycodone, Simvastatin, Trazodone, Victoza, Voltaren, Zorvolex, Allopurinol, Citalopram, Fenofibrate, Gabapentin, Lidocaine patch and Glimepiride. The provider documents discussion with the injured worker regarding weaning off oxycodone in the upcoming months. The request is for 1 prescription of Lidocaine 5% patches, 1 prescription of Oxycodone 15 mg and 1 prescription of Voltaren 1% gel. The request for 1 prescription of Gabapentin 800 mg and 1 prescription of Trazodone 50 mg #30 with 2 refills was authorized.

## IMR ISSUES, DECISIONS AND RATIONALES

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

### **1 prescription of Lidocaine 5% patches: Overturned**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Lidoderm (lidocaine patch).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Lidoderm (lidocaine patch) Page(s): 56, 112.

**Decision rationale:** The patient presents with chronic low back and leg pain. Diagnoses include displacement of lumbar intervertebral disc without myelopathy, chronic pain syndrome and opioid dependence. The patient is currently experiencing pain in the following location: lower back on the right greater than the left. He also reports additional pain in the anterior thigh on the right side. The patient reports numbness in the toes on the right side. He has not returned to work. He is additionally post-op for right tennis elbow surgery. The current request is for 1 prescription of Lidocaine 5% patches. The treating physician states in the 5/12/15 (17C) treating report, "lidocaine 5% (700 mg/patch) adhesive patch, apply 1 patch to the affected area (s) as needed, okay to cut in half (12 hours on, 12 hours off)." The physician goes on to note in the same treating reports (15D) that, "Patient has documented chronic radiculopathy and neuropathic pain and has managed with both Neurontin and Lidoderm patches. MTUS Guidelines state, "topical lidocaine may be recommended for localized peripheral pain after there has been evidence of a trial of first-line therapy (tri-cyclic or SNRI anti-depressants or an AED such as Gabapentin or Lyrica)." MTUS also states, "Lidocaine Indication: Neuropathic pain Recommended for localized peripheral pain." When reading ODG guidelines, it specifies that lidoderm patches are indicated as a trial if there is "evidence of localized pain that is consistent with a neuropathic etiology." In this case, the clinical history has documented neuropathic pain as well as the use of previous first-line therapy treatments, specifically, Gabapentin. The current request is medically necessary.

### **1 prescription of Oxycodone 15mg: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Oxycodone; Opioids, criteria for use; Weaning of Medications.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-96.

**Decision rationale:** The patient presents with chronic low back and leg pain. Diagnoses include displacement of lumbar intervertebral disc without myelopathy, chronic pain syndrome and opioid dependence. The patient is currently experiencing pain in the following location: lower back on the right greater than the left. He also reports additional pain in the anterior thigh on the

right side. The patient reports numbness in the toes on the right side. He has not returned to work. He is additionally post-op for right tennis elbow surgery. The current request is for 1 prescription of Oxycodone 15mg. The UR modified the request and certified Oxycodone 15 mg #180. The treating physician states in the 5/12/15 (17C) treating report that, "We will attempt to try to continue to help wean his oxycodone medication in the upcoming months while decisions were made about lumbar spine surgery." The physician goes on to note in the same treating reports (12D) that "at this last visit we agreed to taper Oxycodone from 90 pills/month to 75 pills/month." For chronic opiate use, MTUS Guidelines state, "Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." MTUS also requires documentation of the 4As (analgesia, ADLs, adverse side effects, and aberrant behavior), as well as "pain assessment" or outcome measures that include current pain, average pain, least pain, intensity of pain after taking the opioid, time it takes for medication to work and duration of pain relief. In this case, the clinical history provided notes the patient has been on chronic opioid therapy long-term and has developed opioid tolerance. There is a lack of demonstrable and quantified evidence of meaningful functional benefits as a result of the long-term use. There is limited discussion regarding analgesia, ADLs, adverse side effects or aberrant behaviors. Additionally, there is no documentation of a pain assessment or outcome measures that include current pain, average pain, least pain, and intensity of pain after taking the opioid, time it takes for medication to work and duration of pain relief. MTUS guidelines require much more thorough documentation for ongoing opioid usage. The current request is not medically necessary and the patient should be slowly weaned per MTUS Guidelines. The requested medical treatment is not medically necessary.

**1 prescription of Voltaren 1% gel:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113.

**Decision rationale:** The patient presents with chronic low back and leg pain. Diagnoses include displacement of lumbar intervertebral disc without myelopathy, chronic pain syndrome and opioid dependence. The patient is currently experiencing pain in the following location: lower back on the right greater than the left. He also reports additional pain in the anterior thigh on the right side. The patient reports numbness in the toes on the right side. He has not returned to work. He is additionally post-op for right tennis elbow surgery. The current request is for 1 prescription of Voltaren 1% gel. The treating physician states in the 5/12/15 (17C) treating report, "Voltaren 1% topical gel, apply by topical route to painful areas three times daily." The physician goes on to note in the same treating reports (15D) that, "Patient takes Voltaren Gel for inflammatory pain. Patient has trialed first line NSAIDs such as ibuprofen in the past, but experienced reflux and nausea in the past. Therefore, he was placed on Voltaren Gel which has been efficacious and without side effects." MTUS Guidelines are specific that topical NSIADS are for, "Indicated for relief of osteoarthritis pain in joints that lend themselves to topical treatment (ankle, elbow, foot, hand, knee, and wrist). It has not been evaluated for treatment of the spine, hip or shoulder." MTUS does not support the usage of Voltaren cream for treatment of the spine or radicular pain. In this case, the clinical history does not document osteoarthritis pain. The current request is not medically necessary.