

<b>Case Number:</b>	CM15-0115960		
<b>Date Assigned:</b>	06/24/2015	<b>Date of Injury:</b>	05/23/1984
<b>Decision Date:</b>	07/30/2015	<b>UR Denial Date:</b>	06/11/2015
<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: New York

Certification(s)/Specialty: Pediatrics, Internal 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 injured worker is a 63-year-old male, with a reported date of injury of 05/23/1984. The mechanism of injury was not indicated in the medical records. The injured worker's symptoms/injuries at the time of the injury were not indicated. The diagnoses include lumbar sprain, lumbar spine disc bulge/herniation with radiculopathy/neuritis without myelopathy, and unspecified discitis. Treatments and evaluation to date have included oral medications. The progress report dated 03/09/2015 indicates that the injured worker was last evaluated on 03/20/2014. He returned to the office under his medical award for medication refills. The injured worker stated that his low back pain had been feeling slightly worse without specific cause and currently complained of intermittent moderate and occasionally severe pain felt in the center and across the low back. He noted pain, numbness, and tingling in the left leg and occasionally in the right leg. The injured worker also noted spasm of the low back. The objective findings include forward flexion at 40 degrees with mild pain at end range; extension at 10 degrees with mild pain at end range; bilateral lateral flexion at 10 degrees with mild pain at end range; negative bilateral sitting straight leg raise test; intact gross motor strength of the lower extremities; and light touch sensation was intact in the lower extremities. The treatment plan indicates that the injured worker had ongoing lumbar spine pain that had increased in intensity without specific cause; the injured worker was prescribed Norco as needed for pain, Tramadol as needed for pain, Soma at bedtime for spasm, and Lidoderm patches, twelve hours on and twelve hours off; and the injured worker would return to the office as an as needed basis. The treating physician requested Norco

5/325mg #60, Ultram 50mg #60, Soma 350mg #60, and Lidoderm patch 5% #20.

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

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

**Norco 5/325 mg #60:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use Page(s): 76-79.

**Decision rationale:** The MTUS Chronic Pain Guidelines indicate that on-going management for the use of opioids should include the on-going review and documentation of pain relief, functional status, appropriate medication use, and side effects. The pain assessment should include: current pain, the least reported pain over the period since the last assessment, average pain, intensity of pain after taking the opioid, how long it takes for pain relief, and how long the pain relief lasts. There was no evidence of improvement in function, and no documentation of the least reported pain over the period since last assessment; average pain; intensity of pain after taking the opioid; how long it takes for pain relief; and how long the pain relief lasts. The MTUS states that a therapeutic trial of opioids should not be employed until the patient has failed a trial of non-opioid analgesics. There is no evidence that the treating physician has utilized a treatment plan not using opioids, and that the patient "has failed a trial of non-opioid analgesics." The MTUS recommends urine drug screens for patients with poor pain control and to help manage patients at risk of abuse. There is no record of a urine drug screen program performed according to quality criteria in the MTUS. Therefore, the request for Norco is not medically necessary.

**Ultram 50 mg #60:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use and Tramadol (Ultram) Page(s): 76-79 and 113.

**Decision rationale:** The MTUS Chronic Pain Guidelines indicate that Tramadol (Ultram) is a centrally acting synthetic opioid analgesic, which is not recommended as a first line oral analgesic. The guidelines indicate that on-going management for the use of opioids should include the on-going review and documentation of pain relief, functional status, appropriate medication use, and side effects. The pain assessment should include: current pain, the least reported pain over the period since the last assessment, average pain, and intensity of pain after taking the opioid, how long it takes for pain relief, and how long the pain relief lasts. There was no evidence of improvement in function, and no documentation of the least reported pain over

the period since last assessment; average pain; intensity of pain after taking the opioid; low long it takes for pain relief; and how long the pain relief lasts. The MTUS states that a therapeutic trial of opioids should not be employed until the patient has failed a trial of non-opioid analgesics. There is no evidence that the treating physician has utilized a treatment plan not using opioids, and that the patient "has failed a trial of non-opioid analgesics." The MTUS recommends urine drug screens for patients with poor pain control and to help manage patients at risk of abuse. There is no record of a urine drug screen program performed according to quality criteria in the MTUS. Therefore, the request for Tramadol is not medically necessary.

**Soma 350 mg #60: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Carisoprodol (Soma) Page(s): 29.

**Decision rationale:** The MTUS Chronic Pain Guidelines indicate that Soma (Carisoprodol) is not recommended, and this medication is not indicated for long-term use. It has been suggested that the main effect is due to generalized sedation and treatment of anxiety. Abuse has been noted for sedative and relaxant effects. The request does not meet the guideline recommendations. Therefore, the request for Soma is not medically necessary.

**Lidoderm patch 5% #20: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Lidoderm (lidocaine patch) and Topical Analgesics Page(s): 56-57 and 112.

**Decision rationale:** The MTUS Chronic Pain Guidelines recommend Lidoderm only for localized peripheral neuropathic pain after trials of tricyclic or SNRI (serotonin- norepinephrine reuptake inhibitor) anti-depressants or an anti-epileptic drug such as Gabapentin or Lyrica. The guidelines state that topical lidocaine, only in the form of the Lidoderm patch, is indicated for neuropathic pain. Lidoderm is also used off-label for diabetic neuropathy. For non-neuropathic pain, topical use of Lidocaine is not recommended. The request for authorization listed disc bulge herniation with radiculopathy/neuritis without myelopathy; however, there were no diagnostic studies/test included in the medical records that showed evidence of neuropathy. Therefore, the request for Lidoderm patch is not medically necessary.