

<b>Case Number:</b>	CM15-0120549		
<b>Date Assigned:</b>	07/01/2015	<b>Date of Injury:</b>	06/13/2006
<b>Decision Date:</b>	09/01/2015	<b>UR Denial Date:</b>	06/17/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/22/2015

### 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: Arizona, Michigan

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 injured worker is a 66 year old male, who sustained an industrial injury on 6/13/06. He reported a traumatic injury to his low back after lifting a 5 gallon bottle in a bent, awkward position. The injured worker was diagnosed as having degeneration of lumbar or lumbosacral intervertebral disc, other symptoms related to the back and arthropathy of spinal facet joint. Treatment to date has included transforaminal epidural steroid injections, oral medications including Ultram and Advil; topical Lidoderm patches, physical therapy, ice, heat and home exercise program. (MRI) magnetic resonance imaging of lumbar spine performed on 10/13/08 revealed degenerative disc disease, disc material extending in foramina, facet joint arthrosis, mild central spinal stenosis, bilateral recess stenosis and foraminal stenosis and (CT) computerized tomography scan of cervical spine performed on 6/10/11 revealed multiple degenerative disc disease. Currently on 5/28/15, the injured worker complains of chronic low back and leg pain, unchanged from previous visit; rated 7/10 with medications and 8-9/10 without medications. He notes his medications usually provide significant pain relief, however a recent flare up of his low back pain has affected his daily activities and function; Ultram nor Norco are helping him. His last epidural provided 60-70% pain relief and allowed him to perform activities of daily living and reduce his medications. Physical exam on 5/28/15 noted severe tenderness and spasm of the right lumbosacral area with 90% restricted flexion and extension is limited; there is continued tenderness over the bilateral SI joint with palpation with right more painful than left. The treatment plan included a request for authorization for right L5-S1 selective nerve root block for sciatica pain, follow up appointment and prescriptions for

Percocet 10/325mg and Lidoderm 5% patch. The provider noted the Percocet was to be titrated down following the epidural.

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

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

#### **60 tablets of Percocet 10/325mg: Overturned**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, on-going management Page(s): 78.

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

**Decision rationale:** Per the MTUS, opioids should be discontinued if there is no overall improvement in function, unless there are extenuating circumstances, Opioids should be continued if the patient has returned to work or has improved functioning and pain. On going management actions should include prescriptions from a single practitioner, taken as directed and all prescriptions from a single pharmacy. The lowest possible dose should be prescribed to improve pain and function. Documentation should follow the 4 A's of analgesia, activities of daily living, adverse side effects, and aberrant drug taking behaviors. Long term users of opioids should be regularly reassessed. In the maintenance phase the dose should not be lowered if it is working. Also, patients who receive opioid therapy may sometimes develop unexpected changes in their response to opioids, which includes development of abnormal pain, change in pain pattern, persistence of pain at higher levels than expected. When this happens opioids can actually increase rather than decrease sensitivity to noxious stimuli. It is important to note that a decrease in opioid efficacy should not always be treated by increasing the dose or adding other opioids, but may actually require weaning. A review of the injured workers medical records reveal documentation of overall improvement in pain with the use of opioids, even though he appears to have had a recent flare up. It is noted that he will be getting an epidural steroid injection after which tapering of percocet will occur, the continued use of percocet appears appropriate and therefore the request for 60 tablets of Percocet 10/325mg is medically necessary.

#### **60 Lidoderm 5% patches: Overturned**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Lidoderm (lidocaine patch) Page(s): 56-57.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical analgesics, Lidoderm Page(s): 111-112; 56-57.

**Decision rationale:** CA MTUS recommends topical analgesics for neuropathic pain when trials of antidepressants and anticonvulsants have failed. They are applied locally to painful areas with lack of drug interactions, lack of systemic side effects and titration is not required. Lidocaine is recommended for localized peripheral pain after a failed trial of first line therapy such as tricyclic, serotonin uptake inhibitor, anti-depressant or anti-epilepsy drugs. Lidoderm is approved

by the FDA for post-herpetic neuralgia pain and off-label for diabetic neuropathy. A review of the injured workers medical records reveal that he was having a flare up but outside of that he typically experiences significant relief with his medication regimen with documented improvement in pain and function. It is noted that he will be getting an epidural steroid injection after which tapering of percocet will occur, it appears that continuing lidoderm as an adjunct to his treatment regimen is appropriate, therefore the request for 60 Lidoderm 5% patches is medically necessary.