

<b>Case Number:</b>	CM15-0126704		
<b>Date Assigned:</b>	07/13/2015	<b>Date of Injury:</b>	12/19/2008
<b>Decision Date:</b>	08/07/2015	<b>UR Denial Date:</b>	06/10/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/30/2015

### 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, California

Certification(s)/Specialty: Family Practice

### 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 55 year old female who sustained an industrial injury on 12/19/2008. Mechanism of injury occurred while lifting a heavy weight. Diagnoses include spinal stenosis in the cervical region, pain in joint-forearm, shoulder impingement syndrome, failed back surgical syndrome, and cervical spondylosis. Treatment to date has included diagnostic studies, lumbar fusion with instrumentation in 2012, medications, ice, heat, and physical therapy. Medications include Soma 350mg twice a day, Dilaudid 4mg every 4 hours, Opana ER 40mg twice a day, Baclofen 10mg twice daily, Opana ER 20 mg twice a day, Cymbalta 60mg daily, Metformin and Prilosec. A physician progress note dated 06/02/2015 documents the injured worker complains of pain in her neck and she has had this pain for 10 years. Her pain is constant, aching and numbing. She rates her pain as 6 out of 10 on the pain scale of 0 to 10. She uses a cane as an assistive device. The pain medications allow her increased mobility and function and she denies any side effects or adverse reactions. She received a left transverse carpal ligament injection and reduced her pain by 50% for two weeks. The treatment plan includes an increase in Soma 350mg to three times a day, Gabapentin 600mg three times a day, and a follow up in one month. Treatment requested is for 1 prescription of Lidoderm patches #15, and 1 prescription of Opana ER 40mg #30.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**1 prescription of Opana ER 40mg #30: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines opioids Page(s): 82-92.

**Decision rationale:** According to the MTUS guidelines, Opana is not indicated as 1st line therapy for neuropathic pain, and chronic back pain. It is not indicated for mechanical or compressive etiologies. It is recommended for a trial basis for short-term use. Long Term-use has not been supported by any trials. In this case, the claimant had been on Opana for several months in combination with Dilaudid. The combined use of opioids exceeded the 120 mg morphine equivalent recommended daily. The claimant still required injections to obtain additional pain relief. Continued use of Opana is not medically necessary.

**1 prescription of Lidoderm patches #15: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines topical analgesics Page(s): 111-112.

**Decision rationale:** According to the MTUS guidelines, topical analgesics are recommended as an option as indicated below. They are largely experimental in use with few randomized controlled trials to determine efficacy or safety. Primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Lidocaine is 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). Lidoderm has been designated for orphan status by the FDA for neuropathic pain. Lidoderm is also used off-label for diabetic neuropathy. In this case the claimant did not have the above diagnoses. Long-term use of topical analgesics such as Lidoderm patches are not recommended. The claimant's use of oral analgesics did not reduced due to the use of Lidoderm. The request for continued and long-term use of Lidoderm patches as above is not medically necessary.