

<b>Case Number:</b>	CM15-0173215		
<b>Date Assigned:</b>	09/15/2015	<b>Date of Injury:</b>	01/22/2007
<b>Decision Date:</b>	11/03/2015	<b>UR Denial Date:</b>	09/01/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/02/2015

### 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

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 (IW) is a 51 year old male who sustained an industrial injury on 01-22-2007. He reported a back injury. The injured worker was diagnosed with chronic pain, spinal stenosis of the lumbar region, situation post lumbar laminectomy, and bilateral lumbar radiculopathy. Treatment to date has included treatment with a multispecialty medical group for his chronic pain. Currently, the injured worker complains of low back and right leg pain. On examination, he has limited range of motion of the lumbar spine with flexion to 30 degrees, extension to 10 degrees and left and right lateral flexion to 15 degrees. He has a negative straight leg raise but diminished sensation in the L4-L5 and L5-S1 dermatomes. The worker was made permanent and stationary by qualified medical exam on 11-19-2009 with permanent restrictions. The treatment plan is for refills of the worker's medications, request authorization for a bilateral lumbar epidural steroid, and request authorization for referral to a multidisciplinary evaluation for possible functional restoration program. A request for authorization was submitted for: 1. Transforaminal Lumbar epidural steroid injection right L4-L5 under fluoroscopic guidance; 2. Transforaminal lumbar epidural steroid injection left L4-L5 under fluoroscopic guidance; 3. Transforaminal lumbar epidural steroid injection right L5-S1 under fluoroscopic guidance; 4. Transforaminal Lumbar epidural steroid injection left L5-S1 under fluoroscopic guidance; 5. Norco 10/325mg Qty: 60.00; 6. Lyrica 75mg Qty: 60.00; 7. Methocarbamol 750mg Qty: 30.00; 8. Lidopro ointment Qty: 1.00. A utilization review decision (09-01-2015) authorized: 1. Transforaminal Lumbar epidural steroid injection right L4-L5 under fluoroscopic guidance; 2. Transforaminal lumbar epidural steroid injection left L4-L5 under fluoroscopic guidance; 3.

Transforaminal lumbar epidural steroid injection right L5-S1 under fluoroscopic guidance; 4. Transforaminal Lumbar epidural steroid injection left L5-S1 under fluoroscopic guidance. Non-authorized: Lidopro ointment Qty: 1.00, Methocarbamol 750mg Qty: 30.00 and modified the requests for Norco 10/325mg Qty: 60.00 to Norco 10/325mg Qty 45Lyrica 75mg Qty: 60.00 to Lyrica 75mg Qty 15.

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

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

**Norco 10/325mg Qty: 60.00:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids for chronic pain.

**Decision rationale:** The Chronic Pain Medical Treatment Guidelines state that continued or long-term use of opioids should be based on documented pain relief and functional improvement or improved quality of life. The MTUS states that opioids may be continued, (a) If the patient has returned to work, or (b) If the patient has improved functioning and pain. The patient fits both of these criteria. I am reversing the previous utilization review decision. Norco 10/325mg Qty: 60.00 is medically necessary.

**Lyrica 75mg Qty: 60.00:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Work Loss Data Institute Official Disability Guidelines (ODG) Treatment in Workers Compensation 5th edition 2007 or current year.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Pregabalin (Lyrica).

**Decision rationale:** The MTUS states that Lyrica has FDA approval for painful diabetic neuropathy, postherpetic neuralgia, and fibromyalgia. The patient is not diagnosed with the above indications. In addition, a recent review has indicated that there is insufficient evidence to recommend for or against antiepileptic drugs for axial low back pain. A previous utilization review decision provided the patient with sufficient quantity of medication to be weaned slowly. Lyrica 75mg Qty: 60.00 is not medically necessary.

**Methocarbamol 750mg Qty: 30.00:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Muscle relaxants (for pain).

**Decision rationale:** The MTUS states that muscle relaxants are recommended with caution only on a short-term basis. Efficacy appears to diminish over time, and prolonged use of some medications in this class may lead to dependence. The patient has been taking the muscle relaxant for an extended period of time far longer than the short-term course recommended by the MTUS. Methocarbamol 750mg Qty: 30.00 is not medically necessary.

**Lidopro ointment Qty: 1.00:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Topical Analgesics.

**Decision rationale:** Lidopro ointment is a compounded medication which contains the following: Lidocaine 4.5%, Methyl Salicylate 27.5%, Menthol 10%, Capsaicin 0.0325%. It is classified by the FDA as a topical analgesic. There is little to no research to support the use of many Compounded Topical Analgesics. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Lidopro ointment Qty: 1.00 is not medically necessary.