

<b>Case Number:</b>	CM15-0174268		
<b>Date Assigned:</b>	09/16/2015	<b>Date of Injury:</b>	11/30/2009
<b>Decision Date:</b>	10/23/2015	<b>UR Denial Date:</b>	08/17/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/04/2015

### 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, District of Columbia, Maryland  
 Certification(s)/Specialty: Anesthesiology, Pain Management

### 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 47 year old male, who sustained an industrial injury on November 30, 2009. He reported an injury to his right hand. On August 4, 2015 the injured worker was evaluated for follow-up of his bilateral wrist pain. The evaluating physician noted that the injured worker was switched to Norco for his moderate to severe pain due to the risk for serotonin syndrome with his tramadol and psych medications. He reported that he found the Norco helpful and was well-tolerated. He continued to use Lidoderm patches 5%, 1-2 patches applied every 24 hours for neuropathic pain and sensitivity. He was able to complete activities of daily living and to take care of himself with the help of his medications. He reported being able to do more things with his family with the aid of his medications. He rated his pain a 7 on a 10-point scale without the aid of medications and a 2 on a 10-point scale with his medications. His previous pain rating on July 6, 2015 was a 9 on a 10-point scale without medications and a 3 on a 10-point scale with medications. On physical examination the injured worker had intact sensation but decreased over the right 4th and 5th fingers. He had decreased extension and flexion of the right hand fingers and decreased right wrist range of motion in all directions. The injured worker was unable to make a fist. He had no tenderness to palpation over the left upper extremity and had a slight decrease in left upper extremity range of motion in all directions. He had decreased sensation over the 3rd, 4th and 5th digits and tenderness to palpation over the medial and lateral elbow. The injured worker had slight decrease in left elbow range of motion. The injured worker was diagnosed as having chronic right wrist pain, triangular fibrocartilage complex, status post arthroscopic debridement of the right TFCC, left wrist and elbow pain,

bilateral carpal tunnel syndrome and numbness. Treatment to date has included right wrist surgery, physical therapy, H-wave unit, opioid medications, psychotherapy and anti-depressant medications. A request for authorization for Norco 5-325 mg #90 and Lidoderm 5 percent patches #60 1-2 patches was received on August 6, 2015. On August 17, 2015, the Utilization Review physician determined Norco 5-325 mg #90 and Lidoderm 5 percent patches #60 1-2 patches were not medically necessary.

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

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

**Norco 5/325 MG #90:** 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, criteria for use.

**Decision rationale:** Per MTUS Chronic Pain Medical Treatment Guidelines p78 regarding ongoing management of opioids "Four domains have been proposed as most relevant for ongoing monitoring of chronic pain patients on opioids: Pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant (or non-adherent) drug related behaviors. These domains have been summarized as the 4 A's (Analgesia, activities of daily living, adverse side effects, and any aberrant drug-taking behaviors). The monitoring of these outcomes over time should affect therapeutic decisions and provide a framework for documentation of the clinical use of these controlled drugs." Per progress report dated 8/4/15 the injured worker rated his pain 7/10 without medications and 2/10 with medications. He noted that he was able to do more things with his family with the aid of his medications. He was able to complete activities of daily living and to take care of himself. Efforts to rule out aberrant behavior (e.g. CURES report, UDS, opiate agreement) are necessary to assure safe usage and establish medical necessity. The medical records note that UDS was performed 6/2015 and was consistent with prescribed norco. CURES was checked and was consistent. I respectfully disagree with the UR physician's assertion that the medical records do not support the ongoing use of opiates. The request is medically necessary.

**Lidoderm 5 Percent Patches #60 1-2 Patches Applied Every 24 Hours:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

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

**Decision rationale:** The MTUS Chronic Pain Medical Treatment Guidelines p112 states Lidocaine Indication: Neuropathic pain 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). Topical lidocaine, in the formulation of a dermal patch (Lidoderm) has been designated for orphan status by the FDA for neuropathic pain. Lidoderm is also used off-label for diabetic neuropathy. No other commercially approved topical formulations of lidocaine (whether creams, lotions or gels) are indicated for neuropathic pain. The medical records submitted for review do not indicate that there has been a trial of first-line therapy (tri-cyclic or SNRI antidepressants or an AED). There is also no diagnosis of diabetic neuropathy or post-herpetic neuralgia. As such, lidoderm is not recommended at this time. The request is not medically necessary.