

<b>Case Number:</b>	CM15-0061108		
<b>Date Assigned:</b>	04/07/2015	<b>Date of Injury:</b>	05/15/2012
<b>Decision Date:</b>	05/12/2015	<b>UR Denial Date:</b>	03/24/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/31/2015

### 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, Massachusetts

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 29 year old male, who sustained an industrial injury on 5/15/2012. He reported injury when falling from a golf cart. The injured worker was diagnosed as having lumbago. Lumbar magnetic resonance imaging showed lumbosacral herniated nucleus pulposus with sacral root impingement. Treatment to date has included therapy, exercise, epidural steroid injection, acupuncture and medication management. In a progress note dated 3/19/2015, the injured worker complains of lower back and right shoulder pain. The treating physician is requesting Norco, Naproxen and Lidocaine patches.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Norco 10/325mg #180:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioid use for chronic pain.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Criteria for use Page(s): 76-96.

**Decision rationale:** CA MTUS guidelines require that criteria for continued long-term use of opioids require ongoing review and documentation of pain relief, functional status improvement, appropriate use, screening of side effects and risk for abuse, diversion and dependence. From my review of the provided medical records while there is a subjective description of pain improvement with ongoing long-term use of short acting opioids, there is no noted improvement in objective physical exam findings or functional capacity. As well, there is no mention of UDS results to determine if the patient is compliant with treatment. Consequently continued use of short acting opioids as prescribed is not supported by the medical records and guidelines as being medically appropriate.

**Naproxen 550mg #60 with 3 refills:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory drugs).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAID Page(s): 67-73.

**Decision rationale:** According to CA MTUS guidelines anti-inflammatory medications are the traditional first line treatment to reduce pain and inflammation. According to the provided medical records there is improvement of pain symptoms with the current dose of naproxyn. While the utilization reviewer notes that NSAIDs are not recommended for long-term use, in this specific injured worker there is no report of side-effects and there are no medical issues that would contraindicate continued use of NSAIDs including heart disease or kidney disease. Considering that this medication is supported by the guidelines, current dosage is minimal at a once a twice a day dosing, and there is no contra-indication for ongoing long-term use, I believe continued use is medically necessary at this time.

**Lidocaine patch 5%:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Lidocaine Patch Page(s): 56-57.

**Decision rationale:** According to MTUS guidelines: "Lidoderm is the brand name for a lidocaine patch produced by Endo Pharmaceuticals. Topical lidocaine may be 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). This is not a first-line treatment and is only FDA approved for post-herpetic neuralgia. Further research is needed to recommend this treatment for chronic neuropathic pain disorders other than post-herpetic neuralgia." From my review of the records there is no mention of trial of an appropriate first-line therapy such as gabapentin or lyrica, consequently Lidocaine patch is not clinically indicated at this time.