

<b>Case Number:</b>	CM15-0066355		
<b>Date Assigned:</b>	04/14/2015	<b>Date of Injury:</b>	05/01/2013
<b>Decision Date:</b>	05/18/2015	<b>UR Denial Date:</b>	03/30/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/07/2015

### 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: Pennsylvania  
 Certification(s)/Specialty: Internal 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 45-year-old female, who sustained an industrial injury on 5/1/2013. Diagnoses have included cervicgia, cervical degenerative disc disease, cervical spine myofascial pain, cubital tunnel syndrome, cervical facet syndrome/arthropathy, and lumbar spine pain. Treatment to date has included physical therapy, chiropractic treatment and medication. Norco (hydrocodone/acetaminophen), nabumetone, lidocaine patch, and butrans patch were prescribed for more than two months. The progress note of 1/8/15 notes a plan to obtain a urine drug screen at a later visit. A recent history of falls was noted at that visit. Pain was rated as 3/10 in severity. According to the progress report dated 3/2/2015, the injured worker complained of low back pain radiating to the bilateral lower extremities. She complained of neck pain radiating to the shoulders and bilateral upper extremities. She reported adequate pain control with current medications and that she was able to complete activities of daily living and ambulate with ease. She rated the severity of pain as 3. Physical exam revealed pain with extension of the cervical spine. There was pain noted in the lumbar spine while flexing anteriorly. There was pain with lumbar extension. The injured worker was unable to do heel/toe walk. Strength and reflexes were normal and sensation was decreased in bilateral hands. Authorization was requested for refills of Butrans, Hydrocodone/Acetaminophen, Lidocaine viscous, Lidocaine patch and Nabumetone. Work status was not discussed. On 3/30/15, Utilization Review (UR) non-certified requests for butrans patch #4, hydrocodone acetaminophen #30, lidocaine viscous 2% one tube, lidocaine 5% patch #30, citing the MTUS.

## IMR ISSUES, DECISIONS AND RATIONALES

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

### **Butrans 5mcg/hour patch, quantity 4: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 27.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines buprenorphine p. 26-27 opioids p. 74-96 Page(s): 26-27, 74-96.

**Decision rationale:** This injured worker has chronic low back and neck pain. Butrans patch contains buprenorphine. Buprenorphine is recommended for treatment of opiate addiction, and as an option for chronic pain especially after detoxification in patients who have a history of opiate addiction. There was no documentation that this injured worker had any history of opiate addiction or detoxification. Buprenorphine has agonist and antagonist actions. It will block the effect of other agonist opioids. It is not clear why it has been prescribed along with a pure agonist opioid (hydrocodone). Butrans patch has been prescribed for at least two months. There is insufficient evidence that the treating physician is prescribing opioids according to the MTUS, which recommends prescribing according to function, with specific functional goals, return to work, random drug testing and opioid contract. There should be a prior failure of non-opioid therapy. None of these aspects of prescribing are in evidence. Work status was not documented, and functional goals were not discussed. There was no documentation of an opioid contract. Obtaining a urine drug screen was discussed, but there was no documentation that this was performed. Per the MTUS, opioids are minimally indicated, if at all, for chronic non-specific pain, osteoarthritis, "mechanical and compressive etiologies," and chronic back pain. There is no evidence of significant pain relief or increased function from the opioids used to date. Pain rating was unchanged and there was no documentation of increase in activities of daily living. The MTUS states that a therapeutic trial of opioids should not be employed until the patient has failed a trial of non-opioid analgesics. There is no evidence that the treating physician has utilized a treatment plan NOT using opioids, and that the patient "has failed a trial of non-opioid analgesics." Ongoing management should reflect four domains of monitoring, including analgesia, activities of daily living, adverse side effects, and aberrant drug-taking behaviors. Change in activities of daily living, discussion of adverse side effects, and screening for aberrant drug-taking behaviors were not documented. The MTUS recommends urine drug screens for patients with poor pain control and to help manage patients at risk of abuse. There is no record of a urine drug screen program performed according to quality criteria in the MTUS and other guidelines. As currently prescribed, butrans does not meet the criteria for long term opioids as elaborated in the MTUS and is therefore not medically necessary.

### **Hydrocodone/Acetaminophen (Norco) 5mg, quantity 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): 74-96.

**Decision rationale:** This injured worker has chronic low back and neck pain. Hydrocodone/acetaminophen has been prescribed for at least two months. The injured worker has also been prescribed butrans, which has opioid antagonist properties, which will block the effects of other opioids such as hydrocodone. There is insufficient evidence that the treating physician is prescribing opioids according to the MTUS, which recommends prescribing according to function, with specific functional goals, return to work, random drug testing, and opioid contract. There should be a prior failure of non-opioid therapy. None of these aspects of prescribing is in evidence. Work status was not documented, and functional goals were not discussed. There was no documentation of an opioid contract. Obtaining a urine drug screen was discussed, but there was no documentation that this was performed. Per the MTUS, opioids are minimally indicated, if at all, for chronic non-specific pain, osteoarthritis, "mechanical and compressive etiologies," and chronic back pain. There is no evidence of significant pain relief or increased function from the opioids used to date. Pain rating was unchanged and there was no documentation of increase in activities of daily living. The MTUS states that a therapeutic trial of opioids should not be employed until the patient has failed a trial of non-opioid analgesics. There is no evidence that the treating physician has utilized a treatment plan NOT using opioids, and that the patient "has failed a trial of non-opioid analgesics." Ongoing management should reflect four domains of monitoring, including analgesia, activities of daily living, adverse side effects, and aberrant drug-taking behaviors. Change in activities of daily living, discussion of adverse side effects, and screening for aberrant drug-taking behaviors were not documented. The MTUS recommends urine drug screens for patients with poor pain control and to help manage patients at risk of abuse. There is no record of a urine drug screen program performed according to quality criteria in the MTUS and other guidelines. As currently prescribed, hydrocodone/acetaminophen does not meet the criteria for long term opioids as elaborated in the MTUS and is therefore not medically necessary.

**Lidocaine 2% viscous, quantity one tube:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines  
Page(s): 57.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines topical analgesics Page(s): 111-113.

**Decision rationale:** Per the MTUS, topical analgesics are recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Lidocaine is only FDA approved for treating post-herpetic neuralgia, and the dermal patch form (Lidoderm) is the only form indicated for neuropathic pain. No other commercially approved topical formulations of lidocaine (whether creams, lotions, or gels) are indicated for neuropathic pain. Non-dermal patch forms are generally indicated as local anesthetics or anti-pruritics. This request is for a non-dermal patch form of lidocaine, which is not recommended by the guidelines. In addition, there was no documentation of neuropathic pain for this injured worker. As such, the request for viscous lidocaine is not medically necessary.

**Lidocaine 5% patch, quantity 30:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 57.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines topical analgesics Page(s): 111-113.

**Decision rationale:** Topical lidocaine is recommended for localized peripheral pain after there has been evidence of a trial of first line therapy with tricyclic or serotonin/norepinephrine reuptake inhibitor antidepressants or an antiepileptic drug such as gabapentin or lyrica. The FDA for neuropathic pain has designated topical lidocaine in dermal patch form (Lidoderm) for orphan status, and further research is needed to recommend this treatment for chronic neuropathic pain disorders other than post-herpetic neuralgia. There was no documentation that this injured worker had neuropathic pain, and there was no documentation of trial and failure of antidepressants or anticonvulsants. Due to lack of indication, the request for lidoderm patch is not medically necessary.