

<b>Case Number:</b>	CM15-0067907		
<b>Date Assigned:</b>	04/15/2015	<b>Date of Injury:</b>	08/07/2004
<b>Decision Date:</b>	05/27/2015	<b>UR Denial Date:</b>	03/17/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/09/2015

### 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: Texas, New York, 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 applicant is a represented 50-year-old who has filed a claim for chronic low back pain (LBP) reportedly associated with an industrial injury of June 7, 2004. In a Utilization Review report dated March 17, 2015, the claims administrator failed to approve requests for morphine, Norco, and Lidoderm patches. The claims administrator referenced a March 3, 2015 order form in its determination. The applicant's attorney subsequently appealed. On February 3, 2015, the applicant reported persistent complaints of low back pain radiating to the left leg. The note was very difficult to follow and mingled historical issues with current issues. It was suggested that the applicant was working full time and that the current combination of morphine, Norco, and Lidoderm were effective in attenuating the applicant's pain complaints. Epidural steroid injection therapy was proposed. The attending provider reiterated the applicant's ability to function had been ameliorated as a result of ongoing medication consumption. On January 6, 2015, the attending provider again reiterated that the applicant was working full time and was reportedly deriving appropriate analgesia and heightened ability to perform home exercises as a result of ongoing medication consumption. On September 2, 2014, the attending provider again reiterated that the applicant was deriving appropriate analgesia from ongoing medication consumption. Urine drug testing was consistent with prescribed medications. Morphine and Lidoderm were renewed and/or continued. On November 4, 2014, the attending provider maintained that the applicant's ability to perform home exercises had in fact been ameliorated as a result of ongoing medication consumption.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**MS Contin 30mg QTY: 60.00:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 78-80, 91, 93, 124.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 7) When to Continue Opioids Page(s): 80.

**Decision rationale:** Yes, the request for MS Contin, a long-acting opioid, was medically necessary, medically appropriate, and indicated here. As noted on page 80 of the MTUS Chronic Pain Medical Treatment Guidelines, the cardinal criteria for continuation of opioid therapy include evidence of successful return to work, improved functioning, and/or reduced pain achieved as a result of the same. Here, the applicant has apparently achieved and/or maintained full-time work status with ongoing medication consumption. The applicant and/or attending provider reported on multiple occasions, referenced above, that the applicant was, in fact, deriving appropriate analgesia and improved ability to perform home exercises as a result of ongoing medication consumption. Continuing the same, on balance, was indicated. Therefore, the request is medically necessary.

**Norco 10/325mg QTY: 30.00:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 78-80, 91, 93, 124.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 7) When to Continue Opioids Page(s): 80.

**Decision rationale:** Similarly, the request for Norco, a short-acting opioid, was likewise medically necessary, medically appropriate, and indicated here. As noted on page 80 of the MTUS Chronic Pain Medical Treatment Guidelines, the cardinal criteria for continuation of opioid therapy include evidence of successful return to work, improved functioning, and/or reduced pain achieved as a result of the same. Here, the applicant had apparently returned to and/or maintained full-time work status as a result of ongoing medication consumption, the treating provider reported on multiple office visits, referenced above. Therefore, the request is medically necessary.

**Lidoderm patch 5% unspecified quantity QTY 1.00:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 111-112.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Lidocaine Page(s): 112.

**Decision rationale:** Finally, the request for topical Lidoderm patches was not medically necessary, medically appropriate, or indicated here. While page 112 of the MTUS Chronic Pain Medical Treatment Guidelines does acknowledge that topical lidocaine is indicated in the treatment of localized peripheral pain or neuropathic pain in applicants in whom there has been a trial of first-line therapy with antidepressants and/or anticonvulsants, in this case, however, there was no mention of the applicant's having tried and/or failed antidepressant adjuvant medications or anticonvulsant adjuvant medications prior to introduction, selection, and/or ongoing usage of the Lidoderm patches in question. Therefore, the request is not medically necessary.