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| <b>Case Number:</b>   | CM15-0068988 |                              |            |
| <b>Date Assigned:</b> | 04/16/2015   | <b>Date of Injury:</b>       | 09/16/2013 |
| <b>Decision Date:</b> | 05/21/2015   | <b>UR Denial Date:</b>       | 03/17/2015 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 04/12/2015 |

### 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, Texas, Florida

Certification(s)/Specialty: Anesthesiology, Pain Management, Hospice & Palliative 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:

This 52 year old female sustained an industrial injury to the neck on 9/16/03. Previous treatment included magnetic resonance imaging, cervical fusion times two, cervical foraminotomy, acupuncture, cervical collar, home exercise and medications. In a PR-2 dated 2/13/15, the injured worker reported that her neck pain was 50% worse. The injured worker rated her neck pain 9/10 on the visual analog scale with radiation to bilateral upper extremities. The injured worker had new complaints of her neck getting stuck turning associated with pain, spasms and swelling. The injured worker also complained of left lower extremity pain with burning and an increase in headaches. The injured worker stated that when she experienced headaches she felt like she was going to vomit and could not think clearly. Physical exam was remarkable for cervical spine with limited range of motion in all planes, tenderness to palpation with spasms in bilateral trapezius region, intact upper and lower extremity sensation and 5/5 motor strength. Current diagnoses included chronic neck pain and cervical spine herniated nucleus pulposus. The physician noted that the injured worker had not done well with Tylenol III. The treatment plan included continuing home exercise, resuming Norco, continuing Topamax and Ketoprofen cream and a trial of Lidopro cream. The physician noted that Ketoprofen cream allowed the injured worker to use less oral medications.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Lidopro topical ointment with applicator, #1, (Prescribed 2/13/15): Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 9792.20 - 9792.26 Page(s): 112 of 127.

**Decision rationale:** Regarding request for topical lidocaine, Chronic Pain Medical Treatment Guidelines recommend the use of topical lidocaine for localized peripheral pain after there has been evidence of a trial of the 1st line therapy such as tri-cyclic antidepressants, SNRIs, or antiepileptic drugs. Guidelines go on to state that no commercially approved topical formulations of lidocaine cream, lotion, or gel are indicated for neuropathic pain. Within the documentation available for review, there is no indication that the patient has failed first-line therapy recommendations. Furthermore, guidelines do not support the use of topical lidocaine preparations which are not in patch form. As such, the currently requested Lidopro lotion is not medically necessary.

**Norco 7.5/235mg #90 (Prescribed 2/13/15): Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids for chronic pain. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain chapter.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 9792.20 - 9792.26 Page(s): 44, 47, 75-79, 120 of 127.

**Decision rationale:** Regarding the request for Norco (hydrocodone/acetaminophen), California Pain Medical Treatment Guidelines state that Norco is an opiate pain medication. Due to high abuse potential, close follow-up is recommended with documentation of analgesic effect, objective functional improvement, side effects, and discussion regarding any aberrant use. Guidelines go on to recommend discontinuing opioids if there is no documentation of improved function and pain. Within the documentation available for review, there is no indication that the medication is improving the patient's function or pain (in terms of specific examples of functional improvement and percent reduction in pain or reduced NRS), no documentation regarding side effects, and no discussion regarding aberrant use. As such, there is no clear indication for ongoing use of the medication. Opioids should not be abruptly discontinued, but unfortunately, there is no provision to modify the current request to allow tapering. In light of the above issues, the currently requested Norco (hydrocodone/acetaminophen) is not medically necessary.