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| <b>Case Number:</b>   | CM15-0076381 |                              |            |
| <b>Date Assigned:</b> | 04/28/2015   | <b>Date of Injury:</b>       | 08/16/1996 |
| <b>Decision Date:</b> | 05/29/2015   | <b>UR Denial Date:</b>       | 04/14/2015 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 04/21/2015 |

### 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  
 Certification(s)/Specialty: Physical Medicine & Rehabilitation

### 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 63 year old female, who sustained an industrial injury on 08/16/1996. According to a progress report dated 04/02/2015, the injured worker suffered from chronic intractable low back pain, lumbar radiculopathy and complex regional pain syndrome of the left lower extremity. She reported that she was having a lot of pain and that she was allergic to Bupivacaine. She was being ruled out for multiple allergic reactions. Urine drug test and CURES reports were noted to be consistent with current therapy. Diagnoses included lumbar degenerative disc disease with intractable low back pain secondary to industrial injury, lumbar radiculopathy, RSD left lower extremity, asthma, recent anaphylaxis, situational stress, anxiety, depression and intrathecal short acting opioid treatment. The treatment plan included restarting Dilaudid for breakthrough pain. Currently under review is the request for Dilaudid and Lidoderm patches.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Dilaudid 2 mg Qty 60:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines CRITERIA FOR USE OF OPIOIDS Page(s): 76-78, 88-89.

**Decision rationale:** The patient presents with pain and weakness in her low back and lower extremity. The request is for DILAUDID 2MG #60. Per 02/04/15 progress report, the patient is taking Dilaudid and Lidoderm patch. Urine drug test and CURES report are consistent with current therapy. Patient denies adverse effects except for the possibility of an allergy to one of her medicines. The patient has been utilizing Dilaudid since at least 01/21/14. Work status is unknown. Regarding chronic opiate use, MTUS guidelines page and 89 states, "Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." MTUS page 78 also requires documentation of the 4As (analgesia, ADLs, adverse side effects, and adverse behavior), as well as "pain assessment" or outcome measures that include current pain, average pain, least pain, intensity of pain after taking the opioid, time it takes for medication to work and duration of pain relief. In this case, adverse effect is discussed along with urine drug screen and CURES as part of aberrant behavior monitoring. There are documentations which specifically discuss side effects. But the four A's including analgesia, ADL's, and other measures of aberrant drug seeking behavior are not addressed as required by MTUS for chronic opiate use. There are no before and after pain scales to show analgesia; no specific ADL's are mentioned to show functional improvement; No validated instruments are used to show functional improvement. None of the reports discuss pain assessment or outcome measures. Given the lack of sufficient documentation demonstrating efficacy for chronic opiate use, the patient should slowly be weaned as outlined in MTUS guidelines. The request IS NOT medically necessary.

**Lidoderm 5% Patch Qty 30 with 3 refills:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines topical lidocaine (lidoderm patches) Page(s): 56-57, 112. Decision based on Non-MTUS Citation Official disability guidelines Pain chapter, Lidoderm.

**Decision rationale:** The patient presents with pain and weakness in her low back and lower extremity. The request is for LIDODERM 5% PATCH #30 WITH 3 REFILLS. Work status is unknown. MTUS guidelines page 57 states, "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)." MTUS Page 112 also states, "Lidocaine Indication: Neuropathic pain Recommended for localized peripheral pain." When reading ODG guidelines, it specifies that lidoderm patches are indicated as a trial if there is "evidence of localized pain that is consistent with a neuropathic etiology." ODG further requires documentation of the area for treatment, trial of a short-term use with outcome documenting pain and function. In this case, none of the reports discuss how long the patient has been utilizing Lidoderm patches and how Lidoderm patches have been used with what efficacy. MTUS page 60 require recording of pain and function when medications are used for chronic pain. This

patient presents with low back pain with radicular symptoms, chronic neuropathic pain to both legs secondary to CRPS. There is no documentation of localized, peripheral neuropathic pain for which this product may be indicated. Therefore, the request IS NOT medically necessary.