

<b>Case Number:</b>	CM15-0092793		
<b>Date Assigned:</b>	05/19/2015	<b>Date of Injury:</b>	05/06/2011
<b>Decision Date:</b>	06/24/2015	<b>UR Denial Date:</b>	05/12/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/13/2015

### 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: Family Practice

### 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 is a 47 year old female with a May 6, 2011 date of injury. A progress note dated April 7, 2015 documents subjective findings (neck pain radiating down the mid scapular region rated at a level of 5/10; lower back pain radiating down the posterior aspect of the right thigh rated at a level of 5/10), objective findings (normal gait; no palpable tenderness of the lumbar spine; sensation of the bilateral lower extremities intact; normal reflexes and motor strength; negative straight leg raises), and current diagnoses (lumbar spine stenosis; lumbar spine disc degeneration; bilateral lumbar radiculopathy; right greater trochanter bursitis; sacroiliitis not elsewhere classified). Treatments to date have included medications, magnetic resonance imaging of the lumbar spine (October 8, 2014; mild degenerative endplate changes in the lower lumbar spine with osteophyte formation and facet hypertrophy), and electromyogram/NVC study of the bilateral lower extremities (October 2, 2014; showed findings suggestive but not confirmatory of right chronic radiculopathy). The treating physician documented a plan of care that included Norco, Lidoderm patches, and Naprosyn.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Norco 10/325mg, per 04/07/15 order #90: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-96. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain Chapter.

**Decision rationale:** The long term use of opioids is not supported per the MTUS guidelines, due to the development of habituation and tolerance. Per ODG, "treating noncancerous pain with opioids may not be worth the risk, according to a BMJ article. Physicians have become much more willing to prescribe opioids for chronic noncancerous pain, and deaths involving opioid analgesics increased from 4,041 in 1999 to 14,459 in 2007." In addition, the MTUS guidelines note that opioids may be continued if there has been improvement in pain and function. In this case, the medical records do not establish evidence of specific objective functional improvement and the injured worker continued to complain of high pain levels. The request for Norco is therefore not established. The request for Norco 10/325mg, per 04/07/15 order #90 is not medically necessary and appropriate.

**Lidoderm 5% patch, per 04/07/15 order #30: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines topical analgesics Page(s): 56-57, 111-112.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Lidoderm (lidocaine patch), page 56 Page(s): Lidoderm (lidocaine patch), page 56.

**Decision rationale:** As noted in the MTUS guidelines, lidocaine is recommended for localized peripheral pain after there has been evidence of a trial of first-line therapy including tricyclic or SNRI antidepressants, or drugs such as gabapentin or Lyrica. There is no indication that the patient has had a trial of first-line therapy such as antidepressants, gabapentin, or Lyrica. The request for Lidoderm 5% patch, per 04/07/15 order #30 is not medically necessary and appropriate.

**Naprosyn 550mg, per 04/07/15 order #60: Overturned**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines non-steroidal anti-inflammatory drugs (NSAIDs) Page(s): 67-68, 73.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Anti-inflammatory medications Page(s): 21-22.

**Decision rationale:** According to the MTUS guidelines, anti-inflammatories are the traditional first line of treatment, to reduce pain so activity and functional restoration can resume, but long-term use may not be warranted. The injured worker is noted to have tenderness on clinical examination and the medical records do not establish evidence of side effects with the use of this first line non-steroidal anti-inflammatory medication. The request for Naprosyn 550mg, per 04/07/15 order #60 is medically necessary and appropriate.