

<b>Case Number:</b>	CM13-0009323		
<b>Date Assigned:</b>	11/08/2013	<b>Date of Injury:</b>	03/18/2001
<b>Decision Date:</b>	04/30/2014	<b>UR Denial Date:</b>	07/02/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/12/2013

### 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. The expert reviewer is Board Certified in Physical Medicine & Rehabilitation has a subspecialty in Neuromuscular Medicine and is licensed to practice in Maryland. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### 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 patient had a work injury dated 3/18/2001. The documentation indicates that the patient is being treated for lumbar internal disc displacement and lumbar intervertebral disc disease. Documentation reveals that patient is status post TLIF at L5-S1 on 05/2003 and wrist surgery X 4 in March 2006. There is a request for the medical necessity of 6 acupuncture sessions, 1 hepatic panel and BUN/Creatinine to test liver and kidney function, 1 prescription of Lidoderm 5% Patch #60, 1 prescription of Diclofenac Sodium 100mg ER #60 , 1 prescription of Tizanidine 2mg #60, 1 prescription of Percocet 5/325mg #120, 1 prescription of Ambien10mg #20. A 3/14/13 primary treating physician office visit states that acupuncture has been helpful for the patient in the past. He notes an improvement in pain and ability to play with his children, play ball, and hike longer without an increase in pain. He experienced 25-50% pain relief. He was able to stand longer and reduce his medication use with the acupuncture. He was able to increase his ADLs, vacuum, mow the lawn and do housework. He states he no longer feels he needs Diclofenac and Lidoderm patches. He stopped them since they were not being approved. He is continuing to work full-time, self-employed and working from home on the computer most of the time. He takes frequent breaks. His last UDS was consistent and compliant and reliable. He notes he is able to complete longer walks, do housework, yard work, walking the dogs, taking care of his home with Percocet. He denies any change in the character, frequency, duration, severity or location of pain since the last visit. There is a 3/7/14 physical exam which states that the patient is able to sit for 15 minutes without any limitations or evidence of pain. His lumbar range of motion is full in extension flexion, lateral rotation, lateral bending with increase in concordant pain in all planes. His strength is 5/5 in the bilateral lower extremities. His sensation is slightly decreased to light touch along L4, L5, S1 dermatomes left lower extremity. The deep

tendon reflexes are 1+ bilateral ankles and knees. His straight leg raise testing is positive at 60 degrees on the left. The Freiberg/Patrick /Gaenslen/Pace test are all negative. The treatment plan included refilling Ambien and Percocet, continuing Voltaren Gel and a request for an L4, L5, S1 transforaminal epidural steroid injection.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

#### **6 ACUPUNCTURE SESSIONS: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Acupuncture Treatment Guidelines.

**Decision rationale:** The request for 6 Acupuncture sessions is not medically necessary per the MTUS guidelines. Per the MTUS the time to produce functional improvement is 3-6 treatments. Per documentation the patient has had 14 acupuncture sessions authorized. The patient continues to have no significant improvement in pain levels. An additional 6 visits would exceed the MTUS guideline recommendations and therefore the request for 6 acupuncture sessions is not medically necessary.

#### **1 HEPATIC PANEL AND BUN/ CR TO TEST TEST LIVER AND KIDNEY FUNCTION: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, specific drug list & adverse effects Page(s): 70.

**Decision rationale:** 1 hepatic panel and BUN/Cr to test liver and kidney function is not medically necessary per the MTUS guidelines. The guidelines state that there has been a recommendation for patients taking NSAIDs to measure liver transaminases within 4 to 8 weeks after starting therapy, but the interval of repeating lab tests after this treatment duration has not been established. Per the documentation the patient had liver function tests and a BUN/Cr certified on a prior review on 10/11/12. The results of the tests were reported within normal range. The request for Diclofenac was deemed not medically necessary elsewhere on this review therefore the request for 1 hepatic panel and BUN/Cr to test liver and kidney function are not medically necessary.

#### **1 PRESCRIPTION OF LIDODERM 5% PATCH # 60: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Lidoderm® (Lidocaine Patch) Page(s): 56-57.

**Decision rationale:** The request for one prescription of Lidoderm Patch 5% #60 is not medically necessary. The MTUS states that Lidoderm patch is not a first-line treatment and is only FDA approved for post-herpetic neuralgia. Additionally the guidelines state that further research is needed to recommend this treatment for chronic neuropathic pain disorders other than post-herpetic neuralgia. The documentation submitted indicates that the patient has chronic neuropathic pain. Furthermore there is documentation that states that the patient states that Lidoderm gave him temporary relief, however there is no documentation of post herpetic neuralgia and the continuation of a Lidoderm patch for chronic neuropathic pain is not medically necessary. The request for one prescription of Lidoderm Patch 5% #60 is not medically necessary.

### **1 PRESCRIPTION OF DICLOFENAC SODIUM 100MG ER #60: Upheld**

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

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

**Decision rationale:** 1 prescription of Diclofenac Sodium 100mg ER #60 is not medically necessary per the MTUS guidelines. Diclofenac Sodium is a non-steroidal anti-inflammatory medication. Per the MTUS guidelines anti-inflammatories are recommended as an option for short-term symptomatic relief of chronic low back pain. Documentation indicates that the patient has been on this medication since at least 10/5/12. Prior to Diclofenac the patient was on Ketoprofen which is a different anti-inflammatory for several months without significant functional improvement or significant decrease in pain. Therefore, the continuation of non-steroidal anti-inflammatories and the request for 1 prescription of Diclofenac Sodium 100mg ER #60 is not medically necessary.

### **1 PRESCRIPTION OF TIZANIDINE 2MG #60: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants and Tizanidine Page(s): 63, 66.

**Decision rationale:** 1 prescription of Tizanidine 2mg #60 is not medically necessary per MTUS guidelines. Per MTUS guidelines regarding muscle relaxants the guidelines recommend non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic LBP. However, in most LBP cases, they show no benefit beyond NSAIDs in pain and overall improvement. The efficacy appears to diminish over time, and prolonged use of some medications in this class may lead to dependence." The

documentation indicates that the patient has been taking this medication since at least 5/23/12. Furthermore the patient does not have an acute exacerbation of pain per documentation. There is also no recent documentation on physical exam findings of muscle spasm. The continuation of Tizanidine is not appropriate. For these reasons 1 prescription of Tizanidine 2 mg #60 is not medically necessary.

**1 PRESCRIPTION OF PERCOCET 5/325MG #120: 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): 79-80.

**Decision rationale:** 1 prescription of Percocet 5/325mg #120 is not medically necessary per the MTUS guidelines. Per the documentation submitted there were inconsistent findings on a 4/2/13 urine drug screening test. Furthermore, on a 4/26/13 the patient stated that he was taking additional unprescribed opioids due to his pain. The patient has been on long term opioid medication without significant improvement in pain. The guidelines do not recommend continuing opioids under any of these conditions. There have been several prior utilization reviews that have recommended weaning/discontinuing patient's Percocet. The request for 1 prescription of Percocet 5/325mg #120 is not medically necessary.

**1 PRESCRIPTION OF AMBIEN 10MG #20: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain (Chronic)

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Mental Illness and Stress: Zolpidem & Insomnia Treatment

**Decision rationale:** 1 prescription of Ambien10mg #20 is not medically necessary The MTUS is silent on insomnia. The ODG states that Zolpidem [Ambien® (generic available), Ambien CR, Edluar, Intermezzo] is indicated for the short-term treatment of insomnia with difficulty of sleep onset (7-10 days). Per documentation patient has been using this medication since at least 3/29/13. Furthermore the documentation does not indicate insomnia is an issue. The continuation of Ambien in this patient is not indicated. For these reasons the request for 1 prescription of Ambien10mg #20 is not medically necessary.