

<b>Case Number:</b>	CM13-0041438		
<b>Date Assigned:</b>	12/20/2013	<b>Date of Injury:</b>	12/13/2009
<b>Decision Date:</b>	10/20/2014	<b>UR Denial Date:</b>	09/26/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/15/2013

### 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 Pain Medicine and is licensed to practice in California. 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 injured worker is a 51 year-old female with a date of injury of December 13, 2009. The patient's industrially related diagnoses include status post (s/p) foraminotomy on August 23, 2011, chronic pain syndrome, chronic headaches, and cervical myofascial pain. An MRI on April 30, 2012 showed degenerative disc disease with C5-C6 mild to moderate and C6-C7 moderate spinal canal stenosis due to left paracentral protrusion/strusion at these levels. The disputed issues are cervical epidural steroid injection (CESI) (interlaminar epidural injection C5-C6, C6-C7), Hydrocodone/APAP 10/325mg, Docusate/Sennosides 50/8.6mg, LidoPro Ointment 4 oz, Omeprazole 20mg, Cyclobenzaprine 7.5mg, Topiramate 50mg, Trazodone 50mg, and internal medicine consult for hemorrhoids. A utilization review determination on September 26, 2013 had non-certified these requests.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**CESI: Interlaminar Epidural Injection at levels C5-6, C6-7: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Epidural steroid injections (ESIs) Page(s): 46.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Epidural steroid injections (ESIs) Page(s): 47.

**Decision rationale:** The California Medical Treatment and Utilization Schedule recommends epidural steroid injections (ESIs) as an option for treatment of radicular pain when the criteria for the use of epidural steroid injections is met. In the progress report dated June 12, 2013, the treating physician was waiting for authorization for C-ILESI (cervical interlaminar epidural steroid injection) at two levels: C5/6 and C6/7. However, one of the criteria states, that no more than one interlaminar level should be injected at one session. Therefore based on the guidelines, medical necessity cannot be established for interlaminar epidural steroid injection at C5-C6 and C6-C7.

**Lidopro Topical Ointment, 4oz.:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Salicylate topicals and Topical Analgesics Page(s): 105 and 111-11.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 28-29, 111-113.

**Decision rationale:** LidoPro ointment is a topical formulation that includes Capsaicin 0.0325%, Lidocaine, Menthol 10%, and Methyl Salicylate 27.5%. The Chronic Pain Medical Treatment Guidelines specify that any compounded product that contains at least one drug (or drug class) that is not recommended. The Chronic Pain Medical Treatment Guidelines states that Capsaicin is generally available as a 0.025% formulation (as a treatment for osteoarthritis) and a 0.075% formulation (primarily studied for post-herpetic neuralgia, diabetic neuropathy, and post-mastectomy pain). There have been no studies of a 0.0375% formulation of Capsaicin and there is no current indication that this increase over a 0.025% formulation would provide any further efficacy. LidoPro ointment has Capsaicin 0.0325%. Therefore based on the guidelines, the request is not medically necessary.

**Omeprazole (20mg):** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk Page(s): 68-69.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs and GI & cardiovascular risk Page(s): 68-69.

**Decision rationale:** Omeprazole is a proton pump inhibitor (PPI). The Chronic Pain Medical Treatment Guidelines recommend that if a patient is at intermediate risk for gastrointestinal events and no cardiovascular disease, then a non-selective NSAID (non-steroidal anti-inflammatory drug) with a PPI (proton pump inhibitor, for example, 20mg Omeprazole daily) can be used. The following criteria is used to determine if the injured worker is at risk for gastrointestinal events: (1) age > 65 years; (2) history of peptic ulcer, GI bleeding, or perforation; (3) concurrent use of ASA, corticosteroids, and/or an anticoagulant; or (4) high dose/multiple NSAID (e.g., NSAID + low-dose ASA). In the progress report dated June 12, 2013, the treating physician documented that Prilosec was for gastritis. However, there is no further documentation to support that the injured worker meets the criteria as stated in the guidelines above.

Furthermore, the injured worker was not taking any NSAIDs according to the documentation. Based on the guidelines referenced above and documentation provided for review, the injured worker was not at intermediate risk for gastrointestinal events to warrant use of a PPI. Therefore, the request is not medically necessary.

**Cyclobenzaprine (7.5mg): Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for chronic pain) and Antispasmodics Page(s): 64.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants Page(s): 63-64.

**Decision rationale:** Cyclobenzaprine is a skeletal muscle relaxant and a central nervous system depressant. The Chronic Pain Medical Treatment Guidelines recommend non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic low back pain. According to studies, the greatest effects appear in the first 4 days of treatment. Due to limited and mixed-evidence, guidelines do not recommend Cyclobenzaprine for chronic use. In general, efficacy of muscle relaxants can diminish over time, and prolonged use of some medications in this class may lead to dependence. Side effects of Cyclobenzaprine include sedation and headaches. On the progress report dated June 12, 2013, the treating physician documented that the injured worker was prescribed and used Zanaflex as needed for spasms. The treating physician did not document positive objective findings consistent with muscle spasms. According to the guidelines, Cyclobenzaprine can be recommended for only short-term use. However, there is no stated rationale for the request of this medication in the records available for review. Therefore, the request is not medically necessary.

**Topiramate (50mg tablets): Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Specific Anti-epilepsy drugs Page(s): 21-22.

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

**Decision rationale:** The Chronic Pain Medical Treatment Guidelines states that Topiramate has been shown to have variable efficacy, with failure to demonstrate efficacy in neuropathic pain of central etiology. It is still considered for use for neuropathic pain when other anticonvulsants fail. It is noted that this medication is FDA approved for migraine prophylaxis. In the progress report dated June 12, 2013, the treating physician documented that the injured worker was taking Topamax 50mg, 2-times per day, for cervicogenic headaches. However, there is no documentation that the injured worker tried and failed other recommended anticonvulsants. Based on the guidelines, the rest is not medically necessary.

**Trazodone (50mg, 1-tablet by mouth at bedtime): 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 (updated 6/7/2013), Insomnia treatment

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Anti-Depressants Page(s): 13-17.

**Decision rationale:** Trazodone is a tetracyclic anti-depressant indicated for the treatment of major depressive disorder (MDD) and is similar to the SSRI (selective serotonin reuptake inhibitor) class of anti-depressants. It is sometimes used for insomnia. The Chronic Pain Medical Treatment Guidelines state the following regarding anti-depressants for use in pain management: "Assessment of treatment efficacy should include not only pain outcomes, but also an evaluation of function, changes in use of other analgesic medication, sleep quality and duration, and psychological assessment." Long-term effectiveness of anti-depressants has not been established. For the diagnosis of low back pain, SSRIs have not been shown to be effective, but tricyclic antidepressants have demonstrated a small to moderate effect on chronic low back pain. In regards to the diagnosis of radiculopathy, the guidelines state that anti-depressants can be an option, but no specific medications have been proven in high quality studies to be efficacious for treatment of lumbosacral radiculopathy. In the progress report dated June 12, 2013, the treating physician documented that the injured worker was taking Trazodone 50mg to use as needed for insomnia. However, there was no documented assessment of treatment efficacy as recommended in the guidelines. Therefore, the request is not medically necessary.

**Docusate/Sennosides (50/8.6mg): Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Steps to take before a therapeutic trial of opioids Page(.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 76-80.

**Decision rationale:** The Chronic Pain Medical Treatment Guidelines state the following regarding constipation, an adverse side effect of ongoing use of opioids: "Prophylactic treatment of constipation should be initiated." The injured worker was prescribed Norco 10/325mg, an opioid, 1 tab up to 4 times a day for her pain symptoms and Senna 8.6/50mg for opiate induced constipation. Senna (Docusate/Sennosides 50/8.6mg) is an FDA-approved nonprescription stimulant laxative. It is used for the short-term treatment of constipation. Therefore, as recommended by the guidelines, Docusate/Sennosides 50/8.6mg is necessary for the treatment of constipation. However, the requested prescription does not provide a quantity. Therefore, the request is not medically necessary.

**Hydrocodone/APAP (10/325mg): Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, specific drug list Page(s): 91.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 76-80.

**Decision rationale:** Hydrocodone/APAP 10/325mg (Norco) is an opioid that is recommended for moderate to severe pain. With regard to the use of Norco, the California Chronic Pain Medical Treatment Guidelines state the following about on-going management with opioids: "Four domains have been proposed as most relevant for ongoing monitoring of chronic pain patients on opioids: pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant (or nonadherent) drug-related behaviors. These domains have been summarized as the "4 A's" (analgesia, activities of daily living, adverse side effects, and aberrant drug-taking behaviors). The monitoring of these outcomes over time should affect therapeutic decisions and provide a framework for documentation of the clinical use of these controlled drugs". In the progress report dated June 12, 2013, the treating physician documented that the injured worker's current pain level was 7-9/10. However, the pain level without medication compared to pain level with the use of Hydrocodone/APAP was not documented. The injured worker stated the medication "continued to decrease her pain." The treating physician documented that the injured worker denies any side effects. Regarding the evaluation for aberrant drug-taking behavior, a urine drug screen was performed in December 2012 that detected the medication prescribed. In regards to functional improvement, the injured worker reported that the medication "normalized her function." However, there was no documentation regarding objective functional improvement with the use of Norco. According to the guidelines, it is appropriate to discontinue opioids if there is no functional improvement. Furthermore, the request for this prescription did not provide a quantity. Based on the documents available and the guidelines referenced above, the request is not medically necessary at this time.

**Internal Medicine Consult for Hemorrhoids:** Overturned

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Practice Guidelines, Independent Medical Examinations and Consultations, page(s) 127.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Practice Guidelines, Independent Medical Examinations and Consultations, page(s) 127.

**Decision rationale:** The California Medical Treatment and Utilization Schedule does not have specific guidelines with regard to consulting specialists. The American College of Occupational and Environmental Medicine (ACOEM) Practice Guidelines, Second Edition state that the occupational health practitioner may refer to other specialists if a diagnosis is uncertain or extremely complex, when psychosocial factors are present, or when the plan or course of care may benefit from additional expertise. Furthermore, a referral for consultation can be made to aid in the diagnosis, prognosis, therapeutic management, determination of medical stability, and permanent residual loss and/or the examinee's fitness for return to work. A consultant is usually asked to act in an advisory capacity, but may sometimes take full responsibility for investigation and/or treatment of an examinee or patient. The Utilization Review discussed that the injured

worker needs a colorectal surgeon consult, not internal medicine, to address the hemorrhoids. However, an internal medicine specialist can provide non-surgical treatment options for the management of hemorrhoids. Therefore, the request is medically necessary.