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| <b>Case Number:</b>   | CM13-0043461 |                              |            |
| <b>Date Assigned:</b> | 12/27/2013   | <b>Date of Injury:</b>       | 09/07/1993 |
| <b>Decision Date:</b> | 03/12/2014   | <b>UR Denial Date:</b>       | 10/07/2013 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 10/23/2013 |

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Pain Management has a subspecialty in Disability Evaluation and is licensed to practice in California, Maryland, Florida, and Washington, D.C. He/she has been in active clinical practice for more than five years and is currently working least at 24 hours a week in active practice. The physician 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 has a date of injury of 9/7/93. The patient has been treated for lumbar radiculopathy. On 9/30/13, the patient presented with complaints of lower back pain and right leg pain. Physical exam on this day showed pain on palpation at L5 -S1 level. There was pain in the facet joints. Patient had an antalgic gait and walked with a cane. Follow-up note dated 09/30/13 revealed the patient presented with complaints of lower back and right leg pain. Physical examination revealed tenderness to palpation at the L5-S1 level. There was pain across the lower back on extension and along the facet joints. Sciatic notch tenderness was present on the right. Gait was antalgic and weak, the patient was using a walking stick. There was bilateral lumbar spasm. Strength was reduced at 4+/5 to the right extensor hallucis longus (EHL), and 4+/5 to the left EHL. Sensation was intact. Reflexes were 2+ throughout with the exception of the right ankle at 1+. Medications were refilled. The patient's intrathecal pain pump was evaluated. The patient was recently seen in the emergency room and was treated with Percocet and Ambien. Urine drug screen dated 07/11/11 revealed an inconsistent urine drug screen.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Ibuprofen 800mg #90 x 3 refills:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Pages 70-73, NSAIDS, Page(s): 70-73.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS, page(s) 22, 70 to 73 of 127. Page(s): 22, 70 to 73 of 127.

**Decision rationale:** With respect to Ibuprofen 800mg #90 x 3 refills, it is recommended as option as a traditional first line treatment to reduce pain so activity and functional restoration can resume, but long-term use may not be warranted. For acute exacerbations of chronic pain NSAIDS are recommended as a second-line treatment after acetaminophen. There is inconsistent evidence for the use of these medications to treat long-term neuropathic pain, but they may be useful to treat breakthrough pain and mixed pain conditions such as osteoarthritis (and other nociceptive pain) in patients with neuropathic pain, however, the side effects profile is very high. NSAIDS are recommended at the lowest dose for the shortest period in patients with moderate to severe pain. Acetaminophen may be considered for initial therapy for patients with mild to moderate pain, and in particular, for those with gastrointestinal, cardiovascular, or renovascular risk factors. Overall Dosing Recommendation: It is generally recommended that the lowest effective dose be used for all NSAIDs for the shortest duration of time consistent with the individual patient treatment goals. NSAID use requires documentation of "Ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects" for patients utilizing ongoing anti-inflammatory medication therapy. The patient has been approved for this medication in the past. There was no documentation of subjective or objective benefits from use of this medication. Documentation provided for review does not show that there is significant functional or vocational improvement with the use of NSAIDs. Therefore the request for Motrin 800mg QTY 180 is not medically necessary

**Lidoderm 5% patch #90 x 3 refills:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics, Pages 111-113. .

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

**Decision rationale:** Regarding the request for Lidoderm 5% patch #90 x 3 refills, it is recommended for treatment of Neuropathic pain as well as 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). There is no documentation that this recommendation was followed. ODG guidelines state: A Trial of patch treatment is recommended for a short-term period (no more than four weeks). Therefore the request for Lidoderm patch is not medically necessary.

**Methocarbamol 500mg #90 x 3 refills:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment Page(s): 47, Chronic Pain Treatment Guidelines Muscle Relaxants pages 64 to 65 of 127 Page(s): 64 to 65 of 127. Decision based on Non-MTUS Citation Official Disability Guidelines, TWC-Pain (Chronic)(Updated 1/7/2014) Muscle relaxants (for pain) Methocarbamol (Robaxin®), Relaxin®, generic available).

**Decision rationale:** Regarding Robaxin, the occupational medicine practice Guidelines, page 47, section on initial approaches to treatment state that Muscle relaxants (e.g Robaxin) seem no more effective than NSAIDs for treating patients with musculoskeletal problems, and using them in combination with NSAIDs has no demonstrated benefit, although they have been shown to be useful as antispasmodics. Side effects including drowsiness have been reported in up to 30% of patients taking muscle relaxants. Muscle relaxants act on the central nervous system and have no effect on peripheral musculature. They may hinder return to function by reducing the patient's motivation or ability to increase activity. Therefore the request for Methocarbamol is not medically necessary

**Ultram 50mg #30 x 3 refills:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines pgs 93-94. Page(s): 93-94.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Tramadol, page(s) 84, 93 to 94 of 127 Page(s): 84, 93 to 94 of 127. Decision based on Non-MTUS Citation Official Disability Guidelines, TWC-Pain(Chronic)(Updated 1/7/2014)-Tramadol (Ultram®).

**Decision rationale:** Regarding the prescription of Ultram 50mg #30 x 3 refills, guidelines state that it is a centrally acting synthetic opioid analgesics and it is not recommended as a first line oral analgesics. Tramadol is indicated for moderate to severe pain. In chronic back pain they appear to be efficacious but limited for short-term pain relief, and long-term efficacy is unclear beyond 16 weeks. Failure to respond to a time-limited course of opioids has led to suggestion of re-assessment and consideration of alternative therapy. Long-term users of opioids are considered 6-months or more. The patient has been on Opioids since August 12, 2010, with no documentation of functional improvement, the use of two short acting opioid medications at the same time is not supported by the guideline. The guideline stipulates that satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life, and none of these were documented in this patient. Also the guidelines stipulate that failure to respond to a time-limited course of opioids has led to suggestion of reassessment and consideration of alternative therapy. According to the MTUS guideline, a recent Cochrane review found that Ultram decreased pain intensity, produced symptom relief and improved function for a time period of up to three months but the benefits were small (a 12% decrease in pain intensity from baseline). Therefore the continued prescription of Ultram 50mg #30 x 3 refills is not medically necessary