

<b>Case Number:</b>	CM13-0055200		
<b>Date Assigned:</b>	12/30/2013	<b>Date of Injury:</b>	04/27/2011
<b>Decision Date:</b>	07/23/2014	<b>UR Denial Date:</b>	10/22/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/20/2013

### 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 and Rehabilitation, has a subspecialty in Pain Medicine and is licensed to practice in Minnesota. 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 30-year-old male with an injury reported on 04/27/2011. The mechanism of injury was not provided within the clinical notes. The clinical note dated 12/10/2013, reported that the injured worker complained of neck, right shoulder, and low back pain. The physical examination revealed the range of motion to the lumbar spine which demonstrated flexion to 40 degrees, extension to 5 degrees, lateral flexion to the right to 5 degrees, and lateral flexion to the left to 8 degrees. The injured worker had a bilaterally positive straight leg raise. The injured worker diagnoses included cervical disc syndrome; cervical spine strain/sprain; right shoulder sprain/strain; lumbar microdiscectomy on 02/21/2013; failed back syndrome; low back syndrome; lumbar disc syndrome; lumbar radiculitis; and foot drop. The provider requested home health aide, to aid and assist in activities of daily living, such as grocery shopping and personal hygiene care; transportation for the injured worker to and from the next office visit due to hardship; a lumbar spine brace for stability and support; gabapentin for chronic pain caused by nerve injury; Norco for reducing and aiding and resolving the injured worker's pain; and Xanax to assist in reducing the injured worker's anxiety. The provider also requested alprazolam, Flexeril, Relafen, and Lidoderm patches. The rationale was not within the clinical documentation. The Request for Authorization was submitted on 10/28/2013. The injured worker's prior treatments were not provided in recent clinical documentation.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**80 Norco 10/325mg:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, specific drug list; Opioids, criteria for use Page(s): 91; 78.

**Decision rationale:** As the injured worker complained of neck, right shoulder and lower back pain. The provider's rationale for Norco is to decrease the injured worker's complaints of pain. The California MTUS guidelines Norco is a short-acting opioid, which is an effective method in controlling chronic, intermittent or breakthrough pain. The guidelines recognize four domains that 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 non-adherent) drug-related behaviors. There is a lack of information provided the efficacy of Norco as evidenced by decrease pain and significant objective functional improvements. Furthermore, the requesting provider did not specify the utilization frequency of the medication being requested. Therefore, the request is not medically necessary.

**60 Omeprazole 20mg:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI Symptoms & Cardiovascular Risk.

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

**Decision rationale:** The injured worker complained of neck, right shoulder, and low back pain. The provider's rationale for omeprazole was not provided in clinical documentation. The CA MTUS guidelines recommend the use of proton pump inhibitors if there is a history of gastrointestinal bleeding or perforations, a prescribed high dose of NSAIDs and a history of peptic ulcers. There is also a risk with long-term of PPI (> 1 year) which has been shown to increase the risk of hip fracture. There is a lack of clinical information provided indicating the injured worker had gastritis. There is a lack of documentation of NSAID side effects reported by the injured worker that would warrant the use of a proton pump inhibitor. Moreover, there is a lack of clinical information provided indicating how long the injured worker has used omeprazole, the guidelines identify increased risk of hip fracture with long term usage of PPIs. Furthermore, the requesting provider did not specify the utilization frequency of the medication being requested. The injured worker also fails to fit the criteria of any significant risk for gastrointestinal bleeding or perforation. Therefore, the request is not medically necessary.

**30 Flexeril 7.5mg:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Criteria When to Continue Opioids.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine (Flexeril) Page(s): 41-42.

**Decision rationale:** The injured worker complained of neck, right shoulder, and lower back pain. The requesting provider's rationale for Flexeril was not provided in clinical documentation. The CA MTUS guidelines recommend cyclobenzaprine (flexeril) as an option, using a short course of therapy. Flexeril is a skeletal muscle relaxant and a central nervous system (CNS) depressant. There is a lack of information provided documenting the efficacy of Flexeril as evidenced by decreased pain or muscle spasms and significant objective functional improvements. Moreover, there is a lack of clinical information provided indicating how long the injured worker has used Flexeril, the guidelines recognize Flexeril as an option using a short course of therapy. Furthermore, the requesting provider did not specify the utilization frequency of the medication being requested. Therefore, the request is not medically necessary.

**30 Relafen 750mg:** Upheld

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

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

**Decision rationale:** The injured worker complained of neck, right shoulder, and lower back pain. The requesting provider's rationale for Relafen was not provided in clinical documentation. The CA MTUS guidelines recognize anti-inflammatories as the traditional first line of treatment, to reduce pain so activity and functional restoration can resume, but long-term use may not be warranted. There is a lack of information provided documenting the efficacy of Relafen as evidenced by decreased inflammatory pain and significant objective functional improvements. Moreover, there is a lack of clinical information provided indicating how long the injured worker has used Relafen, the guidelines do not warrant long term utilization. Furthermore, the requesting provider did not specify the utilization frequency of the medication being requested. Therefore, the request is not medically necessary.

**30 Lidoderm patches:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Lidoderm(Lidocaine patch).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 112.

**Decision rationale:** The injured worker complained of neck, right shoulder, and lower back pain. The requesting provider's rationale for Lidoderm patch was not provided in clinical documentation. The CA MTUS guidelines recommend Lidocaine 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). Topical Lidocaine, in the formulation of a dermal patch

(Lidoderm) has been designated for orphan status by the FDA for neuropathic pain. Lidoderm is also used off-label for diabetic neuropathy. No other commercially approved topical formulations of Lidocaine (whether creams, lotions or gels) are indicated for neuropathic pain. There is a lack of information provided documenting the efficacy of the Lidoderm patch as evidenced by decreased pain and significant objective functional improvements. There is a lack of clinical information indicating the injured worker's pain was unresolved with a tricyclic or other first line therapies prior to the usage of a Lidoderm patch. Furthermore, the requesting provider did not specify the utilization frequency or the location application of the medication being requested. Therefore, the request is not medically necessary.

### **30 Xanax 1mg: Upheld**

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

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain, Benzodiazepines.

**Decision rationale:** The injured worker complained of neck, right shoulder, and lower back pain. The requesting provider's rationale for Xanax is to reduce the injured worker's anxiety. The Official Disability Guidelines do not recommend benzodiazepines for long-term use because long-term efficacy is unproven and there is a risk of psychological and physical dependence or frank addiction. Most guidelines limit use to 4 weeks. Benzodiazepines are a major cause of overdose, particularly as they act synergistically with other drugs such as opioids (mixed overdoses are often a cause of fatalities). There is a lack of clinical information provided documenting the efficacy of Xanax as evidenced by decreased anxiety with significant objective functional improvements. In addition, there is a lack of clinical information provided indicating how long the injured worker has used Xanax, the guidelines do not recommend long term utilization of benzodiazepines. Furthermore, the requesting provider did not specify the utilization frequency of the medication being requested. Therefore, the request is not medically necessary.

### **60 Gabapentin 300mg: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Anti-Epilepsy Drugs (AEDs).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines SPECIFIC ANTI-EPILEPSY DRUGS Page(s): 18.

**Decision rationale:** The injured worker complained of neck, right shoulder, and lower back pain. The requesting provider's rationale for gabapentin was to decrease the injured worker's chronic pain caused by nerve injury. The California MTUS guidelines recognize gabapentin/Neurontin has been shown to be effective for treatment of diabetic painful neuropathy and postherpetic neuralgia and has been considered as a first-line treatment for

neuropathic pain. There is a lack of information provided documenting the efficacy of gabapentin as evidenced by decreased chronic pain caused by nerve injury and significant objective functional improvements. Furthermore, the requesting provider did not specify the utilization frequency of the medication being requested. Therefore, the request is not medically necessary.

**A lumbar spine brace:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 298, 301.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300.

**Decision rationale:** The injured worker complained of neck, right shoulder, and lower back pain. The requesting provider's rationale for lumbar spine brace is for stability. The CA MTUS/ (ACOEM) guidelines on lumbar support (corset) is not recommended for the treatment of low back disorders. The guidelines also state lumbar supports have not been shown to have any lasting benefit beyond the acute phase of symptom relief. There is a lack of clinical information provided in indicating the long term functional gains the lumbar back support for the injured worker's chronic low back pain. Furthermore, the guidelines do not recommend lumbar back brace for the treatment of low back disorders. Therefore, the request is not medically necessary.

**A home health aide 3 hours/day, 7 days/week, for 2 months:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Medicare Benefits Manual (REV.144,05-06-11), Chapter 7, Home Health Services, Section 50.2.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Home health services Page(s): 51.

**Decision rationale:** The injured worker complained of neck, right shoulder, and lower back pain. The requesting provider's rationale for a home health aide is to assist the injured worker in activities of daily living such as grocery shopping and personal hygiene care. The California MTUS guidelines recommend home health services only for otherwise recommended medical treatment for patients who are homebound, on a part-time or "intermittent" basis, generally up to no more than 35 hours per week. Medical treatment does not include homemaker services like shopping, cleaning, and laundry, and personal care given by home health aides like bathing, dressing, and using the bathroom when this is the only care needed. There is a lack of clinical information indicating the injured worker's medical necessity for home health services. Moreover, the guidelines do not recommend homemaking services like shopping and cleaning as medical necessity treatments. The specific medical needs for home healthcare request were not provided in the clinical documentation. Therefore, the request is not medically necessary.

**Transportation:** Upheld

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

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Knee & Leg, Transportation.

**Decision rationale:** The injured worker complained of neck, right shoulder, and lower back pain. The requesting provider's rationale for transportation to medical office visit due to hardship. According to the Official Disability Guidelines transportation is recommend for medically-necessary appointments in the same community for patients with disabilities preventing them from self-transport. There is a lack of clinical information indicating the injured worker's medical disability preventing him the ability to operate a vehicle. The injured worker's hardship was not specified. The location of the treating physician's office was not provided, the guidelines allow medically necessary appointments in the same community. Thus, the request is not medically necessary.