

Case Number:	CM13-0060489		
Date Assigned:	12/30/2013	Date of Injury:	04/05/2010
Decision Date:	05/06/2014	UR Denial Date:	11/14/2013
Priority:	Standard	Application Received:	12/03/2013

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 Internal Medicine & Emergency Medicine, and is licensed to practice in Florida. 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:

This patient is a 46 year-old with a date of injury of 04/05/10. A progress report associated with the request for services, dated 09/17/13, identified subjective complaints of low back pain radiating into both legs. Objective findings included tenderness to palpation of the lumbar spine with decreased range-of-motion. Sensation and reflexes were diminished in the lower extremities, left greater than right. Assessment stated that she had lumbar disc disease and radiculopathy. Treatment has included an epidural steroid injection of L5-S1 in May of 2013. She had an unspecified degree of improvement. She is taking oral opioids and topical analgesics. Surgical consultation has been requested. A Utilization Review determination was rendered on 11/14/13 recommending non-certification of "Bilateral Facet Joint Injections at L3-4, L4-5, and L5-S1; Docuprene (dosage and frequency unknown); Percocet; Feximid; Prilosec; Flurbiprofen/ Gabapentin/ Lidocaine rub; Tramadol/ Baclofen Rub."

IMR ISSUES, DECISIONS AND RATIONALES

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

BILATERAL FACET JOINT INJECTIONS AT L3-4, L4-5, AND L5-S1: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES, LOW BACK CHAPTER, FACET JOINT DIAGNOSTIC BLOCKS (INJECTIONS)

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints
Page(s): 300-301.

Decision rationale: The Medical Treatment Utilization Schedule (MTUS) states that facet-joint injections are not recommended. Also, "Invasive techniques (e.g. local injections and facet joint injections of cortisone and lidocaine) are of questionable merit." They further state: "Although epidural steroid injections may afford short-term improvement in leg pain and sensory deficits in patients with nerve root compression due to a herniated nucleus pulposus, this treatment offers no significant long-term functional benefit, nor does it reduce the need for surgery." The Official Disability Guidelines (ODG) states that facet joint medial branch blocks are recommended as a diagnostic tool prior to facet neurotomy. However, no more than one set of medial branch diagnostic blocks are recommended. Criteria for diagnostic blocks include: - One set of diagnostic medial branch blocks is required with a response of > 70%. - Limited to patients with low-back pain that is non-radicular and at no more than two levels bilaterally. - No more than facet joint levels are injected in one session (3 nerves). - IV sedation may negate the results of a diagnostic block and should only be given in cases of extreme anxiety. - Diagnostic blocks should not be performed in patients who have had a previous fusion at the planned injection level. In this case, though tenderness to palpation over the facet joints is mentioned, there was no diagnosis of facet arthropathy. Likewise, the claimant was noted to have a radiculopathy. Also, facet joint injections should be limited to two levels. Therefore, there is no documentation in the record for the medical necessity of the requested facet joint injections.

PRESCRIPTION OF DOCUPRENE (DOSAGE AND FREQUENCY UNKNOWN):
Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation
[HTTP://WWW.DRUGS.COM/PRO/DOCUSATE-SODIUM.HTML](http://www.drugs.com/pro/docusate-sodium.html)

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines OPIOIDS
Page(s): 77.

Decision rationale: Docuprene (docusate) is a stool softener. The Medical Treatment Utilization Schedule (MTUS) and the Official Disability Guidelines (ODG) recommend prophylactic treatment of constipation with the initiation of opioids. The requested service was partially certified on the assumption that her opioid therapy would be tapered. With the long-term use of opioids in this patient, there is documented medical necessity for docusate.

PRESCRIPTION OF PERCOCET: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TOPICAL ANALGESICS Page(s): 111-113.

Decision rationale: Percocet is a combination of the opioid oxycodone and acetaminophen. The California Medical Treatment Utilization Schedule (MTUS) Guidelines related to on-going treatment of opioids state that there should be documentation and ongoing review of pain relief, functional status, appropriate use, and side effects. A recent epidemiologic study found that opioid treatment for chronic non-malignant pain did not seem to fulfill any of the key outcome goals including pain relief, improved quality of life, and/or improved functional capacity (Eriksen 2006). The Guidelines also state that with chronic low back pain, opioid therapy "Appears to be efficacious but limited for short-term pain relief, and long-term efficacy is unclear (> 16 weeks), but also appears limited." Additionally, "There is also no evidence that opioids showed long-term benefit or improvement in function when used as treatment for chronic back pain (Martell - Annals, 2007)." The MTUS Guidelines further state that opioid therapy is not recommended for the low back beyond 2 weeks. The patient has been on opioids well in excess of 16 weeks. In this case, the documentation submitted lacked a number of the elements listed above, including the level of functional improvement afforded by the chronic opioid therapy for necessity of therapy beyond 16 weeks, where the evidence is otherwise unclear. Likewise, the strength, frequency, and duration of the drug were not specified. Therefore, there is no documented medical necessity for Percocet.

PRESCRIPTION OF FEXMID: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines MUSCLE RELAXANTS (FOR PAIN).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines CYCLOBENZAPRINE Page(s): 41-42, 63-66.

Decision rationale: Fexmid (cyclobenzaprine) is a non-sedating muscle relaxant. The Medical Treatment Utilization Schedule (MTUS) states that non-sedating muscle relaxants are recommended with caution as a second-line option for short-term treatment of acute exacerbations of low back pain. They note that in most low-back pain cases, they show no benefit beyond Non-steroidal anti-inflammatory drug (NSAIDs) in pain and overall improvement. Also, there is no additional benefit shown in combination of Non-steroidal anti-inflammatory drug (NSAIDs). Likewise, the efficacy diminishes over time. The California Medical Treatment Utilization Schedule (MTUS) states that cyclobenzaprine is indicated as a short course of therapy. Limited, mixed evidence does not allow a recommendation for cyclobenzaprine for chronic use. Though it is noted that cyclobenzaprine is more effective than placebo in the management of back pain; the effect is modest and comes at the price of greater adverse effects. They further state that treatment should be brief and that addition of cyclobenzaprine to other agents is not recommended. The Guidelines do note that cyclobenzaprine has been shown to produce a moderate benefit in the treatment of fibromyalgia. The record does not show any evidence of fibromyalgia, and other indications for cyclobenzaprine beyond a short course are not well supported. Likewise, it is being used in combination with other agents for which no additional benefit has been shown. Last, the strength, frequency, and duration of the drug were not specified. Therefore, in this case, the medical record does not document the medical necessity for Fexmid (cyclobenzaprine).

PRESCRIPTION OF PRILOSEC: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS, GI SYMPTOMS & CARDIOVASULAR RISK.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES (ODG)

Decision rationale: Prilosec is a proton pump inhibitor (PPI). The Official Disability Guidelines note that PPIs are recommended for patients at risk for gastrointestinal events. There is no indication for Prilosec, a proton pump inhibitor, for treatment of musculoskeletal pain. The progress report related to the request does not indicate that the patient has had side-effects from previously prescribed medications. Likewise, there is no documentation of concurrent Non-steroidal anti-inflammatory drug (NSAID) therapy. Additionally, the strength, frequency, and duration of the drug are not specified. Therefore, the medical record does not document the medical necessity for Prilosec.

PRESCRIPTION OF FLURBIPROFEN/GABAPENTIN/LIDOCAINE RUB: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES (ODG)

Decision rationale: The Medical Treatment Utilization Schedule (MTUS) Chronic Pain Guidelines state that topical analgesics are recommended as an option in specific circumstances. However, they do state that they are "Largely experimental in use with few randomized controlled trials to determine efficacy or safety. They are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed." Flurbiprofen is a Non-steroidal anti-inflammatory drug (NSAID) being used as a topical analgesic. The Medical Treatment Utilization Schedule (MTUS) Guidelines note that the efficacy of topical Non-steroidal anti-inflammatory drug (NSAIDs) in clinical trials has been inconsistent and most studies are small and or short duration. Recommendations primarily relate to osteoarthritis where they have been shown to be superior to placebo during the first two weeks of treatment, but either not afterward, or with diminishing effect over another two week period. The Guidelines also state that there is little evidence to utilize topical Non-steroidal anti-inflammatory drug (NSAIDs) for treatment of osteoarthritis of the spine, hip or shoulder. They are indicated for relief of osteoarthritis pain in joints that lend themselves to treatment (ankle, elbow, foot, hand, knee, and wrist). The only FDA approved topical Non-steroidal anti-inflammatory drug (NSAID) is Diclofenac. Gabapentin is an anti-epilepsy drug. The Medical Treatment Utilization Schedule (MTUS) Guidelines state that gabapentin is: "Not recommended. There is no peer-reviewed literature to support use." Lidocaine is a topical anesthetic. Lidocaine as a dermal patch has been used off-label for neuropathic pain. However, the guidelines note that no other form (creams, lotions, gels) are indicated. Further, the Guidelines note that Lidocaine showed no superiority over placebo for chronic muscle pain. Also, the Food and Drug Administration has

issued warnings about the safety of these agents. The Guidelines further state: "Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended." Therefore, in this case, there is no documentation of the failure of conventional therapy, documented functional improvement, or recommendation for all the ingredients of the compound and therefore the medical necessity of the compounded formulation. Last, the strength, frequency, and duration of the compound are not specified.

PRESCRIPTION OF TRAMADOL/BACLOFEN RUB: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TOPICAL ANALGESICS Page(s): 111-113. Decision based on Non-MTUS Citation MTUS: CHRONIC PAIN MEDICAL TREATMENT GUIDELINES, TOPICAL ANALGESICS, 111-113

Decision rationale: The Medical Treatment Utilization Schedule (MTUS) Chronic Pain Guidelines state that topical analgesics are recommended as an option in specific circumstances. However, they do state that they are "Largely experimental in use with few randomized controlled trials to determine efficacy or safety. They are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed." Tramadol is an opioid analgesic being used as a topical agent. The efficacy of topical tramadol is not specifically addressed in the California Medical Treatment Utilization Schedule (MTUS) or the Official Disability Guidelines (ODG). There is some data that topical tramadol has efficacy directly at an acute postsurgical site. However, there is insufficient data to assure that significant systemic absorption does not occur. Lacking definitive data on the efficacy of topical tramadol, the medical record does not document neuropathic pain that has failed antidepressant or anticonvulsant therapy or other compelling reason for its use. Baclofen is a muscle relaxant being used as a topical analgesic. The California Medical Treatment Utilization Schedule (MTUS) Guidelines specifically state that there is no evidence for baclofen or any other muscle relaxant as a topical product. The Guidelines further state: "Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended." Also, the strength, frequency, and duration of the compound are not specified. Therefore, there is no documentation for the medical necessity for the topical compound.