MAXIMUS Federal Services

| Case Number: | CM13-0066817 | | |
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| Date Assigned: | 05/07/2014 | Date of Injury: | 08/30/2004 |
| Decision Date: | 08/26/2014 | UR Denial Date: | 12/09/2013 |
| Priority: | Standard | Application Received: | 12/17/2013 |

## 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 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 patient is a 56-year-old male who has submitted a claim for chronic low back pain syndrome, cervical spondylosis, and right knee DJD associated with an industrial injury date of August 30, 2004.Medical records from 2013 to 2014 were reviewed. Patient complained of right knee pain, graded 9 to 10/10 in severity, and described as stabbing. He also complained of neck pain and weakness of both arms. Patient also complained of low back pain radiating to bilateral lower extremities, right worse than left, with tingling sensation. This resulted to difficulty sleeping. Patient likewise experienced vomiting which may be due to acid reflux. Pain was aggravated by kneeling, and sitting. He had to shower in a chair due to difficulty standing. He needed an assist to don his shoes, pants and socks. Physical examination of the cervical spine revealed tenderness and limited range of motion on all planes. Lumbar spine range of motion was restricted on all planes. Physical examination of the right knee revealed range of motion of zero to 130 degrees, crepitation, and tenderness. Muscle strength was normal at all extremities. Reflexes for both biceps and triceps were trace bilaterally. Gait was antalgic. Sensation was diminished at both lower extremities. CT scan of the cervical spine, dated May 3, 2013, revealed a 1.5-mm broad based central and annular bulge at C4 to C5 without significant stenosis; and minor annular bulge at C6 to C7 without significant canal encroachment.Treatment to date has included L4 to L5 lumbar decompression and fusion in 2010, spinal cord stimulator, chiropractic care, use of a knee brace, and medications such as Elavil, Norco, and Gabapentin, Robaxin, and LidoPro cream.Utilization review from December 9, 2013 denied the requests for medial branch block at the left C4 to C5, C5 to C6 because concurrent request of a diagnostic study was not certified; Hydrocodone due to lack of evidence of pain relief; Amitriptyline because of no documented functional improvement; Lidopro topical ointment because it is not recommended by the guidelines; follow-up in 4 weeks; and a urine drug test due to no documented suspicion of

drug abuse. Utilization review from March 14, 2014 certified the request for medial branch block at the left C4 to C5, C5 to C6.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**MEDIAL BRANCH BLOCK AT LEFT C4-C5, C5-C6:** 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).

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES (ODG) NECK AND UPPER BACK SECTION, FACET JOINT DIAGNOSTIC BLOCKS.

**Decision rationale:** The CA MTUS does not specifically address this topic. Per the Strength of Evidence hierarchy established by the California Department of Industrial Relations, Division of Workers Compensation, the Official Disability Guidelines (ODG), Neck and Upper Back Section was used instead. ODG states that diagnostic medial branch blocks (MBB) are indicated with cervical pain that is non-radicular and at no more than two levels bilaterally; failure of conservative treatment and no more than 2 joint levels are injected in one session. In this case, MBB is being requested as a diagnostic test to determine if patient may be a candidate for rhizotomy. Patient complained of persistent neck pain despite conservative management. He had no physical signs or symptoms of radicular pain at upper extremities as manifested by normal reflexes, strength, and sensation. The guideline criteria have been met. However, a more recent utilization review from March 14, 2014 already certified this request. Therefore, the request for medial branch block at the left C4 to C5, C5 to C6 is not medically necessary on the basis that it may lead to duplication of service.

**HYDROCODONE:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 78.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 78.

**Decision rationale:** As stated on page 78 of CA MTUS Chronic Pain Medical Treatment Guidelines, there are 4 A's for ongoing monitoring of opioid use: pain relief, side effects, physical and psychosocial functioning and the occurrence of any potentially aberrant drug-related 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 this case, patient has been on opioid since 2007. He reported pain relief and improved functional activities with its use. However, this is not congruent with the most recent progress reports citing that patient still rates his pain at 9/10 in severity. Furthermore, the request failed to

specify the dosage, frequency, and quantity to be dispensed. The request is incomplete; therefore, the request for Hydrocodone is not medically necessary.

**AMITRIPTYLINE HCL:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 14.

**Decision rationale:** As stated on page 14 of CA MTUS Chronic Pain Medical Treatment Guidelines, tricyclic antidepressants, such as Amitriptyline and Nortriptyline, are recommended as a first-line option for neuropathic pain, especially if pain is accompanied by insomnia, anxiety, or depression. In this case, patient has been on Amitriptyline since 2009. This has been used for neuropathic pain manifesting as back pain radiating to bilateral lower extremities, associated with tingling sensation. He reported pain relief and improved functional activities with its use. However, this is not congruent with the most recent progress reports citing that patient still rates his pain at 9/10 in severity. Furthermore, the request failed to specify the dosage, frequency, and quantity to be dispensed. The request is incomplete; therefore, the request for Amitriptyline HCl is not medically necessary.

**LIDOPRO TOPICAL OINTMENT:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 105, 111-112. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES (ODG) PAIN SECTION, CAPSAICIN.

**Decision rationale:** LidoPro topical ointment contains capsaicin 0.0325%, Lidocaine 4.5%, Menthol 10%, and Methyl Salicylate 27.5%. CA MTUS does not cite specific provisions regarding menthol, but the ODG Pain Chapter states that the FDA has issued an alert in 2012 indicating that topical OTC pain relievers that contain Menthol, Methyl Salicylate, or Capsaicin, may in rare instances cause serious burns. Topical Salicylate is significantly better than placebo in chronic pain as stated in page 105 of MTUS Chronic Pain Medical Treatment Guidelines. Pages 111-112 further states that there is little to no research to support the use of Lidocaine for compounded products, and Lidocaine is not recommended for topical use. Furthermore, there is little to no research to support the use of capsaicin 0.0325% in topical compound formulations. In this case, patient has been prescribed with LidoPro since November 8, 2013 as intent to minimize oral medications due to vomiting episodes. However, guidelines state that any compounded product that contains at least one drug that is not recommended is not recommended. Lidocaine is not recommended for topical use, and capsaicin in 0.0325% formulation is likewise not recommended. Moreover, the request failed to specify the quantity to be dispensed. Therefore, the request for Lidopro Topical Ointment is not medically necessary.

**FOLLOW-UP IN 4 WEEKS:** 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).

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

**Decision rationale:** The CA MTUS does not address this topic. Per the Strength of Evidence hierarchy established by the California Department of Industrial Relations, Division of Workers' Compensation, the Official Disability Guidelines, (ODG), Pain Chapter was used instead. It states that evaluation and management (E&M) outpatient visits to the offices of medical doctor play a critical role in the proper diagnosis and return to function of an injured worker, to monitor the patient's progress, and make any necessary modifications to the treatment plan. In this case, patient has been complaining of cervical and lumbar pain, urinary symptoms, and gastrointestinal complaints. Follow-up is necessary to monitor his condition and response to medications. However, multiple physicians are involved with his care; the request failed to specify the service. The request is incomplete; therefore, the request for follow up in 4 weeks is not medically necessary.

**URINE DRUG SCREEN TEST:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines ON GOING MANAGEMENT Page(s): 43.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007).

**Decision rationale:** As stated on CA MTUS ACOEM Guidelines for the Chronic Use of Opioids, routine use of urine drug screening for patients on chronic opioids is recommended as there is evidence that it can identify aberrant opioid use. Screening should also be performed "for cause" (e.g., provider suspicion of substance misuse). In this case, patient's current medications include Hydrocodone and Amitriptyline. However, there is no discussion concerning patient's aberrant drug use behavior that may necessitate drug screening. Previous urine drug screen results were likewise not available for review. Therefore, the request for urine drug screen test is not medically necessary.