

<b>Case Number:</b>	CM14-0003747		
<b>Date Assigned:</b>	06/11/2014	<b>Date of Injury:</b>	08/14/2012
<b>Decision Date:</b>	07/14/2014	<b>UR Denial Date:</b>	12/23/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/10/2014

### 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 Orthopedic Surgery, 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 46-year-old male who reported an injury on 08/14/2012. The mechanism of injury was lifting a 20-pound object over his head. His diagnoses are lumbar spine L4 through S1 degenerative disc disease, L4 through S1 herniated disc, L4 through S1 stenosis, low back pain, bilateral lower extremity radiculopathy with right greater than left. His prior treatment includes use of conservative care, chiropractic treatment, physical therapy, ESI, and medication. A progress note dated 12/13/2013 documented the injured worker had ongoing low back pain. The physical examination was positive for sciatic notch. Straight leg raising was positive bilaterally. Neurological focal deficits were not present. Reflexes, sensation, and motor examinations were intact. X-rays were taken of the lumbar spine which revealed mild degenerative changes at L4 through S1. The treatment plan was discussed for additional physical therapy, TENS unit, a 3rd ESI, and surgical intervention to consist of lumbar decompression at L4-5. The provider's rationale for the requested topical creams, TENS unit, and medications was not provided within the documentation. A Request for Authorization for Medical Treatment was not provided within the documentation.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**TOPICAL CREAMS: 2 BOTTLES OF CREAMS GABAPENTIN 240MG AND LIDOCAINE 240MG (INJURED WORKER IS TO COMBINE AND APPLY): Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 111-113.

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

**Decision rationale:** The request for topical creams, 2 bottles of creams, gabapentin 240 mg and lidocaine 240 mg (injured worker is to combine and apply) is non-certified. The California MTUS Chronic Pain Medical Treatment Guidelines recommend topical analgesics as an option. It is noted that they are largely experimental in use with few randomized controlled trials to determine efficacy or safety. These topicals are primarily indicated for neuropathic pain when trials of antidepressants and anticonvulsants have failed. These agents are applied locally to painful areas with advantages that include lack of systemic side effects, evidence of drug interactions, and no need to titrate. Any compounded product that contains at least 1 drug (or drug class) that is not recommended, is not recommended. The guidelines indicate gabapentin is not recommended. There is no peer-reviewed literature to support its use. Lidocaine is recommended for localized peripheral pain after there has been evidence of a trial of first-line therapy tricyclic or SNRI antidepressants or an AED such as gabapentin or Lyrica. Topical lidocaine, in the formulation of a dermal patch, has been designated for orphan status by the FDA for neuropathic pain. No other commercially-approved topical formulations of lidocaine, whether creams, lotions, or gels, are indicated for neuropathic pain. For non-neuropathic pain, the guidelines do not recommend lidocaine topically. Therefore, because the cream is not recommended by the guidelines and because there is not a frequency provided in the request, the request for topical creams 2 bottles, containing gabapentin 240 mg and lidocaine 240 mg for the injured worker to combine and apply is non-certified.

**TENS UNIT FOR PURCHASE:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Tens (Transcutaneous Electrical Nerve Stimulation) Page(s): 114-116.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines TENS Page(s): 114.

**Decision rationale:** The request for a TENS unit for purchase is non-certified. The California MTUS Chronic Pain Medical Treatment Guidelines do not recommend TENS as a primary treatment. A 1-month, home-based TENS trial may be considered as a noninvasive conservative option if used as an adjunct to a program of evidence-based functional restoration for the conditions described in the following sentences. While TENS may reflect the longstanding accepted standard of care within many medical communities, the results of studies are inconclusive. The published trials do not provide information on the stimulation parameters which are most likely to provide optimum pain relief, nor do they answer questions about longterm effectiveness. The provider failed to provide evidence that TENS would be used as an adjunct to a program of evidence-based functional restoration. Also, there was a lack of a trial of a TENS unit and its efficacy. Therefore, the request for TENS unit for purchase is non-certified.

**TRAMADOL:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines OPIOIDS, SPECIFIC DRUG LIST.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 75.

**Decision rationale:** The request for tramadol is non-certified. The California MTUS Guidelines Chronic Pain Medical Treatment Guidelines indicate tramadol as a centrally-acting analgesic. This class is an emerging 4th class of opiate analgesic that may be used to treat chronic pain. This small class of synthetic opioids exhibits opioid activity and a mechanism of action that inhibits the reuptake of serotonin and norepinephrine. Central analgesics such as tramadol are reported to be effective in managing neuropathic pain. The progress note dated 12/13/2013 did not indicate the injured worker having neuropathic pain. The progress note for that date also fails to provide an adequate pain assessment for an opioid. The request for tramadol fails to provide a dose and a frequency for tramadol. Therefore, the request for tramadol is non-certified.

**PRILOSEC:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 68.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Guidelines NSAIDS's, GI symptoms Page(s): 68.

**Decision rationale:** The request for Prilosec is non-certified. The California MTUS Chronic Pain Medical Treatment Guidelines recommend, for patients at intermediate risk for gastrointestinal events with no cardiovascular disease, a nonselective NSAID with either a proton pump inhibitor or misoprostol or a Cox-2 selective agent. Longterm PPI use greater than 1 year has been shown to increase the risk of hip fracture. The documentation provided in a progress note dated 12/13/2013 fails to indicate the injured worker having an intermediate risk for gastrointestinal events. Furthermore, the provider failed to give a dosage and frequency for Prilosec. Therefore, the request for Prilosec is non-certified.

**FLEXERIL:** Upheld

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

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

**Decision rationale:** The request for Flexeril is non-certified. The California MTUS Chronic Pain Medical Treatment Guidelines recommend Flexeril as an option, using a short course of

therapy. Flexeril is more effective than placebo in the management of back pain; the effect is modest and comes at the price of greater adverse effects. The effect is greatest in the first 4 days of treatment, suggesting that shorter courses may be better. The guidelines continue to recommend treatment should be brief. The progress note dated 12/13/2013 fails to indicate the length of time the injured worker has been using the medication. Flexeril is only recommended under the guidelines when it is used in a short course of therapy. The request as submitted failed to provide the dosage, frequency or quantity of the medication. Therefore, the request for Flexeril is non-certified.