

<b>Case Number:</b>	CM14-0004127		
<b>Date Assigned:</b>	02/03/2014	<b>Date of Injury:</b>	06/01/2004
<b>Decision Date:</b>	06/20/2014	<b>UR Denial Date:</b>	12/20/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/09/2014

### 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 Occupational Medicine, 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 64 year-old male who has filed a claim for lumbar radiculopathy, lumbar facet arthropathy, lumbar spinal stenosis, cervical radiculopathy, and chronic pain syndrome associated with an industrial injury date of June 01, 2004. Review of progress notes reports headaches, low back pain radiating to bilateral lower extremities, and neck pain radiating to the bilateral upper extremities. Findings include tenderness and spasms of the lumbar region and cervical region, and reduced lumbar and cervical range of motion secondary to pain. There is note of GI upset from medications. Lumbar MRI dated April 17, 2009 showed minimal anterolisthesis of L4 on L5, and multilateral mild degenerative disk disease throughout the lumbar spine, worse at L4 to L5. Cervical MRI showed disk bulges at C3-4 and C4-5 with moderate spinal cord stenosis at C4-5, mild to moderate narrowing of the neural foramina on the left C3-4, bilateral C4-5 levels, and bilateral C6-7, and multi-level osteophytosis. Treatment to date has included opioids, muscle relaxant, Restoril, gabapentin, Cymbalta, Nexium, Lidoderm 5% patches, topical analgesics home exercise program, Toradol injections, B12 injections, trigger point injections, and cervical and lumbar epidural steroid injections. Current medications include gabapentin, lidocaine patch, tizanidine, hydrocodone, Cymbalta, Nexium, and temazepam. Utilization review from December 20, 2004 denied the request for TENS (transcutaneous electrical nerve stimulation) unit supplies for a 6-month supply as there is no documentation of benefit from prior use of TENS; hydrocodone as there is no documentation of quantifiable pain relief, functional improvement, or appropriate medication use, and urine drug screen from June 2013 was inconsistent as hydrocodone was not detected; Nexium as there is no documentation of risk factors for gastrointestinal disturbance or history of dyspepsia, and the patient is not currently using NSAIDs (non-steroidal anti-inflammatory drugs); and Lidoderm patch as patient has not failed first-line therapy.

## IMR ISSUES, DECISIONS AND RATIONALES

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

### **TENS UNIT SUPPLIES ELECTRODE PATCHES AND BATTERIES SIX (6) MONTH SUPPLY:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: CHRONIC PAIN MEDICAL TREATMENT GUIDELINES, TRANSCUTANEOUS ELECTRICAL NERVE STIMULATION ,

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines Page(s): 114-116.

**Decision rationale:** The Chronic Pain Medical Treatment Guidelines state that a one-month trial period of the TENS unit should be documented as to how often the unit was used, as well as, outcomes in terms of pain relief and function. Other ongoing pain treatment should also be documented during the trial period, including medication use. In this case, there is no description of patient's prior use of TENS, or the benefits derived from TENS. The request for a TENS unit supplies, electrode patches, and batteries, six month supply, is not medically necessary or appropriate.

### **HYDROCODONE 5/325MG QD #30:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: CHRONIC PAIN MEDICAL TREATMENT GUIDELINES, ,

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines Page(s): 78-81.

**Decision rationale:** According to the Chronic Pain Medical Treatment Guidelines, there is no support for ongoing opioid treatment unless there is ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Patient has been on this medication since October of 2012. There is no documentation of quantifiable subjective improvement or objective functional benefit with use of this medication. The request for Hydrocodone 5/325 mg, thirty count, is not medically necessary or appropriate.

### **NEXIUM DR 40MG QD #30:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: CHRONIC PAIN MEDICAL TREATMENT GUIDELINES, NSAIDS GI SYMPTOMS & CARDIOVASCULAR RISK,

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

**Decision rationale:** According to the Chronic Pain Medical Treatment Guidelines, proton pump inhibitors are used in patients on NSAID (non-steroidal anti-inflammatory drug) therapy who are at risk for GI events. Risk factors includes age > 65; history of peptic ulcer, GI bleed, or perforation; concurrent use of ASA, corticosteroids, or anticoagulant; and high dose or multiple NSAID use. Use of PPI (proton pump inhibitor) greater than one year has been shown to increase the risk of hip fracture. Progress note dated November 7, 2013 notes discontinuation of pantoprazole, with initiation of Nexium in December 2013. There is no documentation regarding risk factors as noted above, and patient is not on NSAID therapy. Also, there is no indication as to the necessity of switching pantoprazole to Nexium. The request for Nexium DR 40mg, thirty count, is not medically necessary or appropriate.

**LIDODERM 5% PATCH #30:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: CHRONIC PAIN MEDICAL TREATMENT GUIDELINES, CHAPTER TOPICAL ANALGESICS,

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines Page(s): 56-57.

**Decision rationale:** According to the Chronic Pain Medical Treatment Guidelines, Lidoderm may be recommended for localized peripheral pain after there has been evidence of a trial of first-line therapy. In this case, there is no documentation regarding failure of first-line therapy as patient is currently on gabapentin and Cymbalta. The request for Lidoderm 5% patch, thirty count, is not medically necessary or appropriate.