

<b>Case Number:</b>	CM14-0006080		
<b>Date Assigned:</b>	02/07/2014	<b>Date of Injury:</b>	05/28/2004
<b>Decision Date:</b>	07/23/2014	<b>UR Denial Date:</b>	12/18/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/15/2014

### 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 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 71-year-old male who has submitted a claim for lumbar stenosis, intractable chronic pain, post cervical fusion, and insomnia associated with an industrial injury date of 05/28/2004. The medical records from 2006 to 2014 were reviewed. The patient complained of back pain, graded 10/10 in severity and relieved to 3/10 upon intake of medications. This resulted to difficulty in doing laundry. Constipation was noted. Reflexes were normal. The progress reports were handwritten and somewhat illegible. The treatment to date has included cervical fusion in 2002, sinus surgery, and medications such as tramadol, baclofen, Lyrica, Nucynta, Relafen, Lunesta, lidocaine, Rozerem, and Voltaren gel. A utilization review from December 18, 2013 denied the requests for Lyrica 75mg, #180; topical Voltaren gel, tramadol 50mg, #180; Nucynta 75mg, #360; baclofen 10mg, #90; Rozerem 8mg, #30; Lunesta 3mg, #30; Relafen 750mg, #60; and topical lidocaine 5% patch, #60 because of insufficient documentation since findings were written illegibly.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**LYRICA 75MG, ONE (1) BY MOUTH (PO) THREE TIMES A DAY (TID), #180:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Lyrica (Pregabalin) Page(s): 58, 99.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Anti-Epilepsy Drugs Page(s): 16-17.

**Decision rationale:** As stated in the CA MTUS Chronic Pain Medical Treatment Guidelines, antidepressants, such as Pregabalin and gabapentin, are recommended as a first line option for neuropathic pain, (i.e., painful polyneuropathy). In this case, the patient has been on Lyrica since 2012. The patient's manifestation of localized low back pain is not consistent with neuropathic pain based on the recent progress reports. The clinical notes were handwritten and somewhat illegible. No comprehensive examination was likewise available. The medical necessity was not established due to insufficient information. Therefore, the request for Lyrica 75mg, one by mouth three times a day, #180 is not medically necessary.

**TOPICAL VOLTAREN GEL 1%, 100 GRAMS:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines TOPICAL ANALGESICS Page(s): 111-112.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesic Page(s): 12.

**Decision rationale:** As stated in the California MTUS Chronic Pain Medical Treatment Guidelines, Voltaren gel is indicated for relief of osteoarthritis pain in joints to lend themselves to topical treatment such as ankles, elbows, feet, hands, knees, and wrists. In this case, the patient has been using Voltaren gel since 2012. However, there was no documentation of functional gains such as improved ability to perform activities of daily living associated with its use. There is likewise no evidence of intolerance to oral medications. The medical necessity was not established. Therefore, the request for topical Voltaren gel 1%, 100 grams is not medically necessary.

**TRAMADOL 50MG ONE (1) TO TWO (2) BY MOUTH EVERY FOUR TO SIX HOURS AS NEEDED (PRN) FOR PAIN, #180:** Upheld

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

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

**Decision rationale:** As stated in the 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, the patient has been on Tramadol since 2012. The patient reported pain reduction from 10/10 to 3/10 upon intake of medications. Constipation was a reported side effect; no stool softener was prescribed. Moreover, the medical records did not clearly reflect continued functional benefit in

terms of activities of daily living. Furthermore, urine drug screen was last performed on 12/07/12. The MTUS Guidelines require clear and concise documentation for ongoing management. Based on the lack of clinical support, the request is not medically necessary.

**NUCYNTA 75MG, ONE (1) TO TWO (2) BY MOUTH EVERY FOUR TO SIX HOURS AS NEEDED (PRN) FOR PAIN, #360: 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), Pain Chapter, Tapentadol (Nucynta).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 78. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Chapter, Tapentadol (Nucynta).

**Decision rationale:** As stated in the MTUS Chronic Pain Medical Treatment Guidelines, four domains 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 potential aberrant (or non-adherent) 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. Furthermore, The Official Disability Guidelines (ODG) states that tapentadol (Nucynta) is recommended as second line therapy for patients who develop intolerable adverse effects with first line opioids such as, constipation, nausea, or vomiting. In this case, the patient has been prescribed Nucynta since 2012 due to reports of constipation. However, the medical records did not clearly reflect continued functional benefit in terms of activities of daily living derived from its use. Moreover, urine drug screen was last performed on 12/07/12. The MTUS Guidelines require clear and concise documentation for ongoing management. Based on the above, the request is not medically necessary.

**BACLOFEN 10MG, ONE BY MOUTH THREE TIMES A DAY, #90: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxant Page(s): 63-66.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxant Page(s): 63.

**Decision rationale:** According to the CA MTUS Chronic Pain Medical Treatment Guidelines, non-sedating muscle relaxants are recommended with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic low back pain. In this case, the patient has been on baclofen since 2012. However, there is no documentation concerning improvement derived from its use. Moreover, long-term use is not recommended. Recent progress reports likewise failed to document presence of muscle spasm. Therefore, the request is not medically necessary.

**ROZEREM 8MG, ONE BY MOUTH AT BEDTIME (QHS), #30: 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 US Food and Drug Administration (FDA), Rozerem.

**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 US Food and Drug Administration (FDA) was used instead. The FDA states that Ramelteon (Rozerem) is a melatonin receptor agonist indicated for insomnia. In this case, the patient has been prescribed Rozerem since 2012. The patient is a diagnosed case of insomnia; however, there was no documentation concerning sleep hygiene. Likewise, there was no evidence that it provided the patient functional benefits. The medical necessity was not established due to lack of information. Therefore, the request is not medically necessary.

**LUNESTA 3MG, ONE BY MOUTH AT BEDTIME (QHS), #30: 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), Pain Chapter, Insomnia.

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

**Decision rationale:** The CA MTUS does not specifically address Eszopiclone (Lunesta). Per the Strength of Evidence hierarchy established by the California Department of Industrial Relations, Division of Workers Compensation, the Official Disability Guidelines (ODG) was used instead. The ODG states that eszopiclone (Lunesta) is a non-benzodiazepine sedative-hypnotic (benzodiazepine-receptor agonist) and is a first-line medication for insomnia. It is a schedule IV controlled substance that has potential for abuse and dependency. Lunesta has demonstrated reduced sleep latency and sleep maintenance, and is the only benzodiazepine-receptor agonist Food and Drug Administration (FDA) approved for use longer than 35 days. In this case, the patient has been prescribed Lunesta since 2012. The patient is a diagnosed case of insomnia; however, there was no documentation concerning sleep hygiene. Likewise, there was no evidence that Lunesta provided the patient functional benefits. The medical necessity was not established due to lack of information. Therefore, the request is not medically necessary.

**RELAFEN 750MG, ONE BY MOUTH TWICE DAILY (BID), #60: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs Page(s): 22.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs Page(s): 47.

**Decision rationale:** As stated in the CA MTUS Chronic Pain Medical Treatment Guidelines, non-steroidal anti-inflammatory drugs (NSAIDs) are recommended at the lowest dose for the shortest period in patients with moderate to severe pain. It is recommended as an option for short-term symptomatic relief among patients with back pain. In this case, the patient has been on Celebrex since 2012; however, it was shifted into nabumetone (Relafen) since May 2013 secondary to a rise in creatinine. However, the medical records submitted for review did not indicate improved functional activities associated with the use of this medication. Moreover, long-term use is not recommended by the MTUS guidelines. Therefore, the request is not medically necessary.

**TOPICAL LIDOCAINE 5% PATCH, APPLY ONE TO TWO PATCH, TWELVE (12) OFF/ON, #60:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines TOPICAL ANALGESIC Page(s): 112.

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

**Decision rationale:** Terocin patch contains both lidocaine and menthol. The CA MTUS Chronic Pain Medical Treatment Guidelines state that topical lidocaine may be recommended for localized peripheral pain after there has been evidence of a trial of first-line therapy (tri-cyclic or norepinephrine reuptake inhibitor (SNRI) anti-depressants or an anti-epileptic drug (AED) such as gabapentin or Lyrica). In this case, the patient has been on lidocaine patch since 2012. The patient's manifestation of localized low back pain is not consistent with neuropathic pain based on the recent progress reports. The clinical notes were handwritten and somewhat illegible. No comprehensive examination was likewise available. The medical necessity was not established due to insufficient information. Therefore, the request is not medically necessary.