

<b>Case Number:</b>	CM14-0007369		
<b>Date Assigned:</b>	02/10/2014	<b>Date of Injury:</b>	02/08/2011
<b>Decision Date:</b>	07/11/2014	<b>UR Denial Date:</b>	12/27/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/21/2014

### 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 28-year-old female who has filed a claim for lumbosacral neuritis associated with an industrial injury date of February 08, 2011. Review of progress notes indicates right-sided low back pain radiating to the right lower extremity, with weakness and numbness. Findings include tenderness and spasms of the lumbar region, decreased lumbar range of motion, positive straight leg raise and femoral stretch tests on the right, and positive Kemp's test bilaterally. MRI of the lumbar spine dated December 02, 2013 showed a right disc protrusion/subligamentous extrusion at the L5-S1 level abutting the right S1 root sleeve without displacement. Treatment to date has included NSAIDs (non-steroidal anti-inflammatory drugs), opioids, gabapentin, glucosamine, Xanax, topical creams and patches, and Toradol and B12 injections. Utilization review from December 23, 2013 denied the requests for terocin patch box (10 patches) #2 as this product is not recommended; omeprazole 20mg #60 as there is no evidence that this patient is at increased risk for GI upset/bleed; and ibuprofen 800mg #90 as there is no evidence of osteoarthritis, and NSAIDs are recommended only for short-term use. There is modified certification for Norco 10/325mg for #45, Xanax 1.0mg for #15, and cyclobenzaprine HCl 7.5mg for #30, as there is no documentation of derived benefit from these medications, and thus weaning was initiated.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**IBUPROFEN 800MG #90:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 67-73.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (nonsteroidal anti-inflammatory drugs) Page(s): 67-69.

**Decision rationale:** According to the Chronic Pain Medical Treatment Guidelines, NSAIDs are recommended at the lowest dose for the shortest period in patients with moderate to severe pain and there is no evidence of long-term effectiveness for pain or function. Patient has been on this medication since July 2013. However, patient is also currently on naproxen sodium 550mg. There is no rationale for concurrent use of two NSAIDs at this time. Also, there is no documentation regarding the benefits attributed to the use of ibuprofen. The request for ibuprofen 800mg, ninety count, is not medically necessary or appropriate.

**XANAX 1.0MG #30:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines Page(s): 24.

**Decision rationale:** According to the Chronic Pain Medical Treatment Guidelines, benzodiazepines are not recommended for long-term use because long-term efficacy is unproven and there is a risk of dependence. Most guidelines limit use to four weeks. Tolerance to hypnotic effects develops rapidly. Tolerance to anxiolytic effects occurs within months and long-term use may actually increase anxiety. Tolerance to anticonvulsant and muscle relaxant effects occurs within weeks. Patient has been on this medication since November 2012. There is no documentation regarding the benefits derived from this medication. Also, this medication is not recommended for long-term use. The request for Xanax 1.0mg, thirty count, is not medically necessary or appropriate.

**TEROCIN PAIN PATCH BOX (10 PATCHES) #2 BOX:** Overturned

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Lidoderm (lidocaine patch) Topical Analgesics, Lidocaine Page(s): 56-57, 112. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain chapter, Topical salicylates.

**Decision rationale:** Teroцин Patch contains 4% lidocaine and 4% menthol. According to the Chronic Pain Medical Treatment Guidelines, topical lidocaine in the formulation of a dermal patch has been designated for orphan status by the FDA for neuropathic pain. In addition, topical lidocaine may be recommended for localized peripheral pain after there has been evidence of a trial of first-line therapy (tri-cyclic or SNRI [serotonin-norepinephrine reuptake inhibitor] anti-

depressants or an AED [anti-epileptic drug] such as gabapentin or Lyrica). Regarding the Menthol component, the Chronic Pain Medical Treatment Guidelines does not cite specific provisions, 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. This patient has been on therapy with gabapentin. In this case, progress note indicates that the topical medications allow the patient to decrease intake of oral medications, increase sleep, and increase ability to perform chores. The request for terocin pain patch box (10 patches), two boxes, is medically necessary and appropriate.

**CYCLOBENZAPRINE HCL 7.5MG #60: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain) Page(s): 63-66.

**Decision rationale:** According to the 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 LBP (low back pain). They may be effective in reducing pain and muscle tension, and increasing mobility. However, they show no benefit beyond NSAIDs (non-steroidal anti-inflammatory drugs) in pain and overall improvement. Patient has been on this medication since March 2013. There is note that this medication reduces muscle spasms by more than 50%. However, this medication is not recommended for long-term use. The request for Cyclobenzaprine HCL 7.5mg, sixty count, is not medically necessary or appropriate.

**OMEPRAZOLE 20MG #60: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk Page(s): 68.

**Decision rationale:** According to the Chronic Pain Medical Treatment Guidelines, proton pump inhibitors are used in patients on NSAID therapy who are at risk for GI events. Risk factors include age greater than 65; history of peptic ulcer, GI bleed, or perforation; concurrent use of ASA (acetylsalicylic acid), corticosteroids, or anticoagulant; and high dose or multiple NSAID use. Use of PPI (proton pump inhibitors) greater than one year has been shown to increase the risk of hip fracture. Patient has been on this medication since November 2012. Patient however does not present with the abovementioned risk factors. Also, the request for ibuprofen was not authorized. The request for Omeprazole 20mg, sixty count, is not medically necessary or appropriate.

**NORCO 10/325MG #90: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use; On-Going Management Page(s): 78-82.

**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 November 2012. There is note that this medication makes pain tolerable and allows function. However, pain ratings as per progress notes do not document improved pain scores or physical examination findings. The request for Norco 10/325mg, ninety count, is not medically necessary or appropriate.