

<b>Case Number:</b>	CM14-0103670		
<b>Date Assigned:</b>	07/30/2014	<b>Date of Injury:</b>	08/05/2004
<b>Decision Date:</b>	09/09/2014	<b>UR Denial Date:</b>	06/30/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/05/2014

### 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 Texas and Ohio. 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 43-year-old female with a reported date of injury on 08/05/2004. Her diagnoses were noted to include status post cervical spine surgery, cervical disc disease, lumbar strain, lumbar radiculitis, bilateral shoulder sprain, bilateral sacroiliitis and cervicogenic headaches. Her previous treatments were noted to include medications, physical therapy, and home exercise program. The progress note dated 06/30/2014 revealed the injured worker complained of neck pain rated 7/10 to 8/10, and radiating pain to the lumbar spine around 7/10 to 8/10 and radiated mostly to the left leg and with the use of pain medication would go down to 3/10 to 4/10. The injured worker indicated that she received improvement in her function and activities of daily living with the Tylenol No.3. The physical examination of the cervical spine revealed tenderness upon deep palpation, decreased range of motion and no evidence of radiating pain to the upper extremities. The Spurling's maneuver was noted to cause radicular symptoms to the upper extremity. The physical examination of the lumbosacral spine noted stiffness and tightness on deep palpation to the L4-5, as well as the bilateral posterior and superior iliac spine. There was restricted range of motion to the lumbosacral spine. There was positive straight leg raise and sensory examination revealed sensation intact in all dermatomes. The deep tendon reflexes were equal and symmetric. The Request for Authorization form dated 06/30/2014 was for ibuprofen 600 mg #60 for inflammation and pain, LenzaPatch, patches containing lidocaine 4% and menthol 1% every 8 hours as needed for pain. Request for Authorization form was noted submitted for Zantac 150 mg #60 for stomach upset and Botox injection for the relief of migraine headaches.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Motrin 600 mg #60: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS Page(s): 67.

**Decision rationale:** The injured worker has been utilizing the medication since at least 03/2014. The California Chronic Pain Medical Treatment Guidelines recommend NSAIDs at the lowest dose for the shortest period in patients with moderate to severe osteoarthritis pain. Acetaminophen may be considered for initial therapy for patients with mild to moderate pain, and in particular for those with gastrointestinal, cardiovascular, or renovascular risk factors. NSAIDs appear to be superior to acetaminophen, particular for patients with moderate to severe pain. The guidelines recommend NSAIDs as a second line treatment after acetaminophen for acute exacerbations of chronic pain. In general, there is conflicting evidence that NSAIDs are more effective than acetaminophen for acute low back pain. The guidelines recommend NSAIDs as an option for short term symptomatic relief of chronic low back pain. A review of literature on drug relief for low back pain suggested that NSAIDs were no more effective than other drugs, such as acetaminophen, narcotic analgesics and muscle relaxants. There is a lack of documentation regarding efficacy of this medication and guidelines recommend short term utilization and the injured worker has been taking this for at least 4 months. Additionally, the request failed to provide the frequency at which this medication is to be utilized. Therefore, the request is not medically necessary.

**Zantac 150 mg #60: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs. Decision based on Non-MTUS Citation University of Michigan Health System. Gastroesophageal reflux disease (GERD). Ann Arbor (MI): University of Michigan Health System; 2012 May. p.12.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) and Other Medical Treatment Guideline or Medical Evidence: Ranitidine: MedlinePlus.

**Decision rationale:** The injured worker has been utilizing the medication since at least 05/2014. Ranitidine is used to treat ulcers; gastroesophageal reflux disease (GERD) a condition in which the backward flow of acid from the stomach causes heartburn and injury on food pipe (esophagus); and conditions where there stomach produces too much acid, such as Zollinger-Ellison syndrome. Over the counter ranitidine is used to prevent and treat symptoms of heartburn associated with acid indigestion and sour stomach. Ranitidine is in a class of medications called H2 blockers. It decreases the amount of acid made in the stomach. The injured worker has not been diagnosed with gastroesophageal reflux disease and there is a lack of

documentation regarding efficacy of this medication. Additionally, the request failed to provide the frequency at which this medication is to be utilized. Therefore, the request is not medically necessary.

**Lenza patches containing Lidocaine 4% and Menthol 1%: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines topical lidocaine and topical menthol sections.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical analgesics Page(s): 111-112.

**Decision rationale:** The injured worker has been utilizing the medication since at least 04/2014. The California Chronic Pain Medical Treatment Guidelines state topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. The guidelines primarily recommend topical analgesics for neuropathic pain when trials of antidepressants and anticonvulsants have failed. There is little to no research to support the use of many of these agents. Any compounded product that contains at least 1 drug (or drug class) that is not recommended is not recommended. The guidelines recommend lidocaine for neuropathic pain after there has been evidence of a trial of first line therapy (tricyclic or serotonin-norepinephrine reuptake inhibitor (SNRI) antidepressants or an anti-epileptic drug (AED), such as gabapentin or Lyrica). Topical lidocaine in the formulation of a dermal patch (Lidoderm) 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. The guidelines do not recommend lidocaine in any formation other than a Lidoderm patch. There is a lack of documentation regarding utilization of this medication. Additionally, the request failed to provide the frequency at which this medication is to be utilized. Therefore, the request is not medically necessary.

**Botox injection: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Botulinum Toxin (Botox, Myobloc) Page(s): 25-26.

**Decision rationale:** The injured worker complains of chronic migraine headaches. The California Chronic Pain Medical Treatment Guidelines do not generally recommend Botox injections for chronic pain disorders, but are recommended for cervical dystonia. The guidelines do not recommend Botox injections for tension type headache: migraine headache, fibromyositis, chronic neck pain, myofascial pain syndrome, and trigger point symptoms. The guidelines state several recent studies have found no statistical support for the use of Botox for migraine headaches. The randomized controlled trials found that Botox significantly reduced disability associated with migraine and BOTOX had a favorable tolerable profile compared with divalproex sodium (DVPX). The guidelines state Botox is probably ineffective in episodic

migraine and chronic tension type headache. The guidelines do not recommend Botox injections for migraine headaches; therefore, a Botox injection is not medically necessary and appropriate at this time.