

<b>Case Number:</b>	CM14-0107872		
<b>Date Assigned:</b>	08/06/2014	<b>Date of Injury:</b>	08/30/2010
<b>Decision Date:</b>	10/01/2014	<b>UR Denial Date:</b>	06/26/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/11/2014

### 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 Oklahoma. 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 52-year-old female, who reported an injury on 10/30/2010 due to an unspecified mechanism of injury. The injured worker complained of neck, back, and bilateral upper extremity pain. The injured worker had diagnoses of discogenic cervical condition with facet inflammation and radiculopathy, ulnar neuritis on the right, medial and lateral epicondylitis bilaterally, carpal tunnel on the left, wrist joint inflammation bilaterally, and discogenic lumbar condition with facet inflammation and radiculopathy. The past treatments included medications and a TENS unit. The medications included Ultracet 37.5/325 mg, naproxen 550 mg, Flexeril 5 mg, Protonix 20 mg, Lidopro lotion, and Terocin patches. The injured worker rated her pain at 5/10 using the VAS. The injured worker was using ice and heat for pain control. The physical examination dated 08/01/2014 revealed blood pressure of 152/88 and pulse 64. No acute distress. Neck flexion was 25 degrees and extension 15 degrees. Bilateral upper extremities laterally adduct 100 degrees, and lumbar flexion was 35 degrees and extension was 15 degrees. The treatment plan included MRI of the cervical and lumbar spine, EMG studies of the upper extremities, 12 sessions of chiropractic therapy to the neck, psychiatry, medications, and followup. Request for Authorization was not submitted with documentation.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Naproxen 550mg #60: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS Page(s): 69.

**Decision rationale:** The request for 1 prescription of Naproxen 500mg #30 is not medically necessary. The California MTUS indicates that naproxen is a nonsteroidal anti-inflammatory drug (NSAID) for the relief of the signs and symptoms of osteoarthritis. Per the clinical notes, the injured worker did not have a diagnosis of osteoarthritis. The request did not address the frequency. As such, the request is not medically necessary.

**Protonix 20mg #60:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS, GI symptoms & cardiovascular risk.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS, GI symptoms & cardiovascular risk Page(s): 68-69.

**Decision rationale:** The request for Protonix 20mg Quantity: 60 is not medically necessary. The California MTUS indicate that Non-steroidal anti-inflammatory agents per Package inserts it is recommended to perform periodic lab monitoring of a CBC and chemistry profile (including liver and renal function tests). There has been a recommendation to measure liver transaminases within 4 to 8 weeks after starting therapy, but the interval of repeating lab tests after this treatment duration has not been established. Determine risk factors for history of peptic ulcer, GI bleeding or perforation. Per the documentation provided, no CBC or chemistry profile was evident in the documentation that included a liver and renal functional testing. The injured worker did not have a diagnosis of gastrointestinal problems. No history of peptic ulcers. The request did not indicate the frequency. As such, the request is not medically necessary.

**Lidopro lotion 4 oz:** Upheld

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

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

**Decision rationale:** The request for Lidopro lotion is not medically necessary. The California MTUS guidelines indicate that topical lidocaine (Lidoderm) may be recommended for localized peripheral pain after there has been evidence of a trial of first-line therapy (tri-cyclic or SNRI anti-depressants or an AED such as gabapentin or Lyrica). This is not a first-line treatment and is only FDA approved for post-herpetic neuralgia. Further research is needed to recommend this treatment for chronic neuropathic pain disorders other than post-herpetic neuralgia. No other commercially approved topical formulations of lidocaine (whether creams, lotions or gels) are

indicated for neuropathic pain. The clinical notes do not indicate that the injured worker had peripheral pain. The clinical notes also were not evident of neuropathic disorders or postherpetic neuralgia. The request did not address the frequency or duration. As such, the request is not medically necessary.

#### **Terocin Patches 5: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Salicylate Page 105, Topical Analgesic, page 111, Lidocaine, page 112 Page(s): 105;1.

**Decision rationale:** The request for Terocin Patches 5 is not medically necessary. The California MTUS indicates that topical analgesics are largely experimental in use with few randomized control trials to determine efficacy or safety... are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed...Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. The California MTUS guidelines indicate that topical lidocaine (Lidoderm) may be recommended for localized peripheral pain after there has been evidence of a trial of first-line therapy (tri-cyclic or SNRI anti-depressants or an AED such as gabapentin or Lyrica). ...No other commercially approved topical formulations of lidocaine (whether creams, lotions or gels) are indicated for neuropathic pain. The guidelines indicate that Lidoderm can be used for peripheral pain. However, the clinical notes do not indicate that the injured worker had peripheral pain. The request did not address the frequency or dosage. As such, the request is not medically necessary

#### **Ultracet 37.5/325mg #60: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Tramadol; Ongoing management Page(s): 82, 93, 94, 113; 78.

**Decision rationale:** Ultracet 37.5/325mg #60 is not medically necessary. The California MTUS states Central analgesics drugs such as Tramadol (Ultram) are reported to be effective in managing neuropathic pain and it is not recommended as a first-line oral analgesic. California MTUS recommend that there should be documentation of the 4 A's for Ongoing Monitoring including activities of daily living, adverse side effects and aberrant drug taking behavior. The clinical notes did not indicate the adverse side effects or aberrant drug taking behavior. The request did not address the frequency. As such, the request is not medically necessary. Per the clinical notes dated 08/01/2014, the injured worker indicated that her pain was persistently at a 5/10 on a daily basis. She stated that she used Ultracet for pain and that was helpful. However, per the documentation stating that her pain stayed at a 5/10 on a daily basis, there is indication

that the Ultracet has no efficacy on the patient's pain. The request did not indicate a frequency, a route. As such, the request is not medically necessary.

**Flexeril 7.5mg # 60:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine Page(s): 41, 64.

**Decision rationale:** The request for Flexeril 7.5mg # 60 is not medically necessary. The California MTUS states that Cyclobenzaprine (Flexeril) is recommended for a short course of therapy. Flexeril is more effective than placebo in the management of back pain; however, 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. This medication is not recommended to be used for longer than 2-3 weeks. The guidelines indicate that Flexeril should be used for a short duration in the lowest possible effective dose. However, the clinical notes did not indicate the length of time that the injured worker had been taking the Flexeril. However, it did indicate that the injured worker's Flexeril was at 5 mg. However, the request is for 7.5 mg. Again, the guidelines indicate the lowest dosage. The request did not address the frequency or the route. As such, the medication is not medically necessary.