

<b>Case Number:</b>	CM14-0014306		
<b>Date Assigned:</b>	02/26/2014	<b>Date of Injury:</b>	03/22/2011
<b>Decision Date:</b>	07/23/2014	<b>UR Denial Date:</b>	01/28/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/04/2014

### 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 Internal 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 29 year old male who was injured on 03/22/2011 while working. He went to pull a pallet of beer with pallet jack when it got stuck. As a result the patient injured his lower back. The patient underwent therapeutic percutaneous epidural decompression neuroplasty of the lumbosacral nerve root with bilateral medial branch block at L1, L2, L3, L4, and L5 levels on 06/04/2012. The patient's medications as of 12/05/2013 include Norco 10/325 mg, Flexeril 7.5 mg and Ambien 10 mg. The patient's medications as of 10/10/2013 include Norco, Fexmid, Naprosyn, Prilosec, Capsaicin 240 mg and flurbiprofen 240 gm. UDS dated 12/04/2013 revealed the patient was on hydrocodone and was detected. The patient was on oxycodone and was detected. UDS dated 11/13/2013 revealed test results positive for citalopram, hydrocodone and hydromorphone. UDS on 07/13/2013 revealed inconsistent results with cyclobenzaprine as it was not reported as a prescribed medicine as well as oxycodone and oxymorphone. PR2 dated 11/05/2013 reported the patient complains of low back pain that is severe and sharp in nature. He rated his pain as 6/10 radiating to the left leg and aggravated by sudden and repetitive movements and prolonged sitting. He states the pain is better with stretching. The patient states urinary incontinence is improving. On exam, there is no bruising, swelling, atrophy or lesion, toe walk is intact. Extension is 15/25; flexion is 60/60 and lateral bending 25 bilaterally. There is +3 tenderness to palpation of bilateral sacroiliac joints and lumbar vertebral muscles are positive for paravertebral spasm. Nachlas is positive, Milgram's is positive and Kemp's is positive. The diagnoses are lumbar disc protrusion, lumbar spine strain/sprain; and sciatica. Prior UR dated 01/28/2014 states the request for Norco 10/325, Fexmid 7.5 mg, Naproxen 550, Prilosec, capsaicin 0.025%, flurbiprofen 30%, methyl salicylate 4%, tramadol 10%, menthol 2%, camphor 2% 240gm, and flurbiprofen 20%, tramadol 20% 240gm are non-certified as medical necessity has not been established.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**NORCO 10/325MG #120:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-96.

**Decision rationale:** According to the Chronic Pain Medical Treatment Guidelines, Norco is a short-acting opioids which is recommended for intermittent or breakthrough pain. The medical records document the patient was diagnosed with lumbar disc protrusion, lumbar sprain/strain, and sciatica. The patient was on Norco since 5/30/20213. In the absence of documented measurable analgesics benefit (VAS) with use of Norco, documentation of significant improvement of pain and function and absence of documentation of a signed opioid agreement, the request is not medically necessary according to the guidelines.

**FEXMID 7.5MG #90:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines, Cyclobenzaprine (Flexeril).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain) Page(s): 64.

**Decision rationale:** According to the Chronic Pain Medical Treatment Guidelines, Cyclobenzaprine "Fexmid" is Recommended for a short course, 2-3 weeks, of therapy. Limited mixed-evidence does not allow for a recommendation for chronic use. Cyclobenzaprine is a skeletal muscle relaxant and a central nervous system depressant with similar effects to tricyclic antidepressants (e.g. amitriptyline). The medical records document the patient was diagnosed with lumbar disc protrusion, lumbar sprain/strain, and sciatica. The patient was on Fexmid since 5/30/20213. In the absence of documented significant improvement of pain and function, and as this medication is not indicated for long-term use, the request is not medically necessary according to the guidelines.

**NAPROXEN 550MG #60:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines, NSAIDS, GI Symptoms & Cardiovascular Risk.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory drugs) Page(s): 67-73.

**Decision rationale:** According to the Chronic Pain Medical Treatment Guidelines, NSAIDs in cases of "acute exacerbation of chronic back pain" is recommended as a second-line treatment after acetaminophen. Naproxen is an NSAID. The medical records document the patient was diagnosed with lumbar disc protrusion, lumbar sprain/strain, and sciatica. The patient was on Naproxen since 5/30/20213. In the absence of documented significant improvement of pain and function, and as this medication is not indicated for long-term use, the request is not medically necessary according to the guidelines.

**PRILOSEC #60:** Upheld

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

**Decision rationale:** According to the Chronic Pain Medical Treatment Guidelines, Prilosec is PPI (proton pump inhibitor), which is recommended in patients who are at risk for gastrointestinal events. The medical records document the patient was diagnosed with lumbar disc protrusion, lumbar sprain/strain, and sciatica but do not discuss why the patient is at increased risk for GI events. The patient was on Prilosec since 10/10/20213. In the absence of documented history of peptic ulcer, GI bleeding or perforation concurrent use of ASA, corticosteroids, and/or anticoagulants, the request is not medically necessary according to the guidelines.

**CAPSAICIN 0.025%, FLURBIPROFEN 30%, METHYL SALICYLATE 4%, TRAMADOL 10%, MENTHOL 2%, CAMPHOR 2% 240GM:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113.

**Decision rationale:** According to the Chronic Pain Medical Treatment Guidelines, topical analgesics are recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Many agents are compounded as mono therapy or in combination for pain control. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. The use of these compounded agents requires knowledge of the specific analgesic effect of each agent and how it will be useful for the specific therapeutic goal required. The medical records document the patient was diagnosed with lumbar disc protrusion, lumbar sprain/strain, and sciatica. The patient was on Capsaicin 240 grams since 10/10/20213. However, capsaicin ingredient is recommended only as an option in patients who have not responded or are intolerant to other treatment, there is no documentation of the patient was intolerant to the treatment, further there is no documentation of failure trail of first line medication. Therefore, the request is not medically necessary according to the guidelines.

**FLURBIPROFEN 20%, TRAMADOL 20% 240GM:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113.

**Decision rationale:** According to the Chronic Pain Medical Treatment Guidelines, topical analgesics are recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Many agents are compounded as mono therapy or in combination for pain control. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. The use of these compounded agents requires knowledge of the specific analgesic effect of each agent and how it will be useful for the specific therapeutic goal required. The medical records document the patient was diagnosed with lumbar disc protrusion, lumbar sprain/strain, and sciatica. The patient was on Flurbiprofen 240 grams since 10/10/20213. However, Flurbiprofen is NSAIDs that is recommended in osteoarthritis and tendinitis, in particular, that of the knee and elbow, it is not recommended for neuropathic pain as there is no evidence to support its use, further, there is no documentation of failure trial of first line medication. Therefore, the request is not medically necessary according to the guidelines.