

<b>Case Number:</b>	CM14-0113368		
<b>Date Assigned:</b>	08/01/2014	<b>Date of Injury:</b>	08/13/2003
<b>Decision Date:</b>	10/03/2014	<b>UR Denial Date:</b>	07/08/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/18/2014

### 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 Family 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:

This is a 52-year-old male who reported an industrial injury on 8/11/2003, over 11 years ago, to the back and knee attributed to the performance of his customary job tasks. The patient was noted to be not working. The patient was noted to complain of low back pain, left hip grinding, left knee grinding, along with pain. The objective findings on examination included decreased range of motion to the left knee; tenderness over the lumbar paraspinals, left Ilium, left medial patella, decreased range of motion to the lumbar spine; decreased sensation over the leg; weakness of the legs. The patient was noted to of had four prior lumbar epidural steroid injections. The patient was diagnosed with low back pain; left hip pain status post surgical intervention; and left knee pain. The patient was prescribed Norco; ibuprofen; soma; omeprazole; LidoPro cream.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Norco 10/325Mg #180:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines opioids Page(s): 74-97. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) pain chapter-opioids; ACOEM Guidelines updated chapter on chronic pain

**Decision rationale:** The prescription for Hydrocodone-APAP (Norco) 10/325 mg #180 for short acting pain is being prescribed as an opioid analgesic for the treatment of chronic pain to the back for the date of injury over 11 years ago. The objective findings on examination do not support the medical necessity for continued opioid analgesics. The patient is being prescribed opioids for chronic mechanical low back pain which is inconsistent with the recommendations of the CA MTUS. There is no objective evidence provided to support the continued prescription of opioid analgesics for the cited diagnoses and effects of the industrial claim. The patient should be titrated down and off the prescribed Hydrocodone. The patient is 11 years s/p DOI with reported continued issues. There is no demonstrated medical necessity for the continuation of opioids for the effects of the industrial injury. The chronic use of Hydrocodone-APAP/Norco is not recommended by the California MTUS, the ACOEM Guidelines, or the Official Disability Guidelines for the long-term treatment of chronic back pain. There is no demonstrated sustained functional improvement from the prescribed opioids. There is no demonstrated sustained functional improvement from the prescription of the Norco. There is no demonstrated objective evidence to support continued use of opioids. The prescription of opiates on a continued long-term basis is inconsistent with the CA MTUS and the Official Disability Guidelines recommendations for the use of opiate medications for the treatment of chronic pain. There is objective evidence that supports the use of opioid analgesics in the treatment of this patient over the use of NSAIDs for the treatment of chronic pain. The current prescription of opioid analgesics is inconsistent with evidence-based guidelines. The prescription of opiates on a continued long-term basis is inconsistent with the Official Disability Guidelines recommendations for the use of opiate medications for the treatment of chronic pain. There is objective evidence that supports the use of opioid analgesics in the treatment of this patient over the use of NSAIDs for the treatment of chronic pain issues. Evidence-based guidelines necessitate documentation that the patient has signed an appropriate pain contract, functional expectations have been agreed to by the clinician, and the patient, pain medications will be provided by one physician only, and the patient agrees to use only those medications recommended or agreed to by the clinician to support the medical necessity of treatment with opioids. The ACOEM Guidelines updated chapter on chronic pain states, "Opiates for the treatment of mechanical and compressive etiologies: rarely beneficial. Chronic pain can have a mixed physiologic etiology of both neuropathic and nociceptive components. In most cases, analgesic treatment should begin with acetaminophen, aspirin, and NSAIDs (as suggested by the WHO step-wise algorithm). When these drugs do not satisfactorily reduce pain, opioids for moderate to moderately severe pain may be added to (not substituted for) the less efficacious drugs. A major concern about the use of opioids for chronic pain is that most randomized controlled trials have been limited to a short-term period. This leads to a concern about confounding issues; such as, tolerance, opioid-induced hyperalgesia, long-range adverse effects, such as, hypogonadism and/or opioid abuse, and the influence of placebo as a variable for treatment effect. ACOEM guidelines state that opioids appear to be no more effective than safer analgesics for managing most musculoskeletal symptoms; they should be used only if needed for severe pain and only for a short time. The long-term use of opioid medications may be considered in the treatment of chronic musculoskeletal pain, if: The patient has signed an appropriate pain contract; Functional expectations have been agreed to by the clinician and the patient; Pain medications will be provided by one physician only; The patient agrees to use only those medications recommended or agreed to by the clinician. ACOEM also notes, "Pain medications are typically not useful in the subacute and chronic phases and have been shown to be the most important factor impeding recovery of function. There is no clinical documentation by with objective findings on examination to support the medical necessity of Hydrocodone-APAP for this long period of time or to support ongoing functional improvement. There is no provided evidence that the patient has received benefit or demonstrated functional improvement

with the prescribed Hydrocodone-APAP. There is no demonstrated medical necessity for the prescribed Opioids. The continued prescription for Norco 10/325 mg #180 is not demonstrated to be medically necessary.

**Ibuprofen 800Mg #90: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines anti-inflammatory medications Page(s): 67-68. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) pain chapter--medications for chronic pain and NSAIDs

**Decision rationale:** The use of Ibuprofen 800 mg #90 is consistent with the currently accepted guidelines and the general practice of medicine for musculoskeletal strains and injuries; however, there is no evidence of functional improvement or benefit from this NSAID. The provider has not documented evidence of functional improvement with the use of the prescribed Ibuprofen. There is no evidence that OTC NSAIDs would not be appropriate for similar use for this patient. The prescription of Ibuprofen is not supported with appropriate objective evidence as opposed to the NSAIDs available OTC. The prescription of Ibuprofen should be discontinued in favor of OTC NSAIDs. There is no provided evidence that the available OTC NSAIDs were ineffective for the treatment of inflammation. The prescription for Ibuprofen 800 mg #90 is not demonstrated to be medically necessary.

**Soma 350 Mg #120: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines 2013

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment Page(s): 47, Chronic Pain Treatment Guidelines antispasticity/antispasmodic drugs Page(s): 66. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter--muscle relaxants and Carisoprodol; American College of Occupational and Environmental Medicine (ACOEM), chronic pain chapter 8/8/08 page 128

**Decision rationale:** The patient is prescribed Carisoprodol/SOMA 350 mg #120 with on a routine basis for the treatment of chronic pain and is not directed to muscle spasms on a prn basis. The California MTUS does not recommend the prescription of Carisoprodol. There is no medical necessity for the prescribed Soma 350 mg #120 for chronic pain or muscle spasms as it is not recommended by evidence based guidelines. The prescription of Carisoprodol is not recommended by the California MTUS for the treatment of injured workers. The prescription of Carisoprodol as a muscle relaxant is not demonstrated to be medically necessary for the treatment of the chronic back pain on a routine basis. The patient has been prescribed Carisoprodol on a routine basis for muscle spasms. There is no demonstrated medical necessity for the daily prescription of Carisoprodol as a muscle relaxer on a daily basis for chronic pain. The prescription of Carisoprodol for use of a muscle relaxant for cited chronic pain is inconsistent with the recommendations of the California MTUS, the ACOEM Guidelines, and the Official Disability Guidelines. The use of alternative muscle relaxants was recommended by the California MTUS and the Official Disability Guidelines for the short-term treatment of chronic pain with muscle spasms; however, muscle relaxants when used are for short-term use for acute pain and are not demonstrated to be effective in the treatment of chronic pain. The use

of Carisoprodol is associated with abuse and significant side effects related to the psychotropic properties of the medication. The centrally acting effects are not limited to muscle relaxation. The prescription of Carisoprodol as a muscle relaxant is not recommended as others muscle relaxants that without psychotropic effects are readily available. There is no medical necessity for Carisoprodol 350 mg #60. The California MTUS guidelines state that Carisoprodol is not recommended. This medication is not indicated for long-term use. Carisoprodol is a commonly prescribed centrally acting skeletal muscle relaxant whose primary active metabolite is meprobamate a schedule for controlled substance. It has been suggested that the main effect is due to generalize sedation and treatment of anxiety. Abuses been noted for sedative and relaxant effects. In regular abusers, the main concern is for the accumulation of meprobamate.

Carisoprodol abuses also been noted in order to augment or alter effects of other drugs. This includes the following increasing sedation of benzodiazepines or alcohol; used to prevent side effects of cocaine; use with tramadol to ghost relaxation and euphoria; as a combination with hydrocodone as an effective some abuses claim is similar to heroin referred to as a Las Vegas cocktail; and as a combination with codeine referred to as Carisoprodol Coma. There is no documented functional improvement with the use of the prescribed Carisoprodol. The use of Carisoprodol/Soma is not recommended due to the well-known psychotropic properties. Therefore, this medication should be discontinued. There is no demonstrated medical necessity for soma 350 mg #120.

### **Omeprazole 20Mg #60: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines anti-inflammatory medication Page(s): 67-68. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) pain chapter-medications for chronic pain; NSAIDs

**Decision rationale:** The MTUS Chronic Pain Medical Treatment Guidelines section on anti-inflammatory medications and gastrointestinal symptoms states; Determine if the patient is at risk for gastrointestinal events. The medical records provided for review do not provide additional details in regards to the above assessment needed for this request. No indication or rationale for gastrointestinal prophylaxis is documented in the records provided. There are no demonstrated or documented GI issues attributed to NSAIDs for this patient. The patient was prescribed Omeprazole routine for prophylaxis with the prescribed medications. The protection of the gastric lining from the chemical effects of NSAIDs is appropriately accomplished with the use of the proton pump inhibitors, such as, Omeprazole. The patient is documented to be taking NSAIDs-Ibuprofen. There is no industrial indication for the use of Omeprazole due to "stomach issues" or stomach irritation. The proton pump inhibitors provide protection from medication side effects of dyspepsia or stomach discomfort brought on by NSAIDs. The use of Omeprazole is medically necessary if the patient were prescribed conventional NSAIDs and complained of GI issues associated with NSAIDs. Whereas, 50% of patient taking NSAIDs may complain of GI upset, it is not clear that the patient was prescribed Omeprazole automatically. The prescribed opioid analgesic, not an NSAID, was accompanied by a prescription for Omeprazole without documentation of complications. There were no documented GI effects of the NSAIDs to the stomach of the patient and the Omeprazole was dispensed or prescribed routinely. The prescription of proton pump inhibitors on a long-term basis is not recommended due to the side effects of osteoporosis and diminished magnesium levels. There is no demonstrated medical necessity for the prescription for omeprazole 20 mg #90. There is no documented functional

improvement with the prescribed omeprazole.

### **LidoPro Cream: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics. Decision based on Non-MTUS Citation Official Disability Guidelines- Topical Analgesics

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment Page(s): 47-48, Chronic Pain Treatment Guidelines anti-inflammatory medications; chronic pain chapter topical analgesics Page(s): 67-68; 111-113. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) pain chapter medications for chronic pain

**Decision rationale:** The prescription of topical lidocaine ointment (LidoPro) was not demonstrated to be medically necessary and no objective evidence to support the medical necessity of the prescribed topical lidocaine for the cited diagnoses. The California MTUS does not recommend the use of LidoPro cream for pain control as the patches or ointment are only FDA approved for the treatment of neuropathic pain attributed to post herpetic neuralgia. The patient is being treated with LidoPro Cream for chronic back, hip, and knee pain. There is no medical necessity for the use of the LidoPro cream for tenderness as documented on examination. The request for authorization of the LidoPro cream is not supported with objective evidence and is not recommended as a first line treatment for the treatment of chronic ankle pain. There is no objective evidence that the LidoPro ointment is more effective than the many available alternatives for the treatment of chronic pain. There is no objective evidence to support the use of Lidoderm ointment for the stated symptoms, as there are available alternatives. There is no objective evidence to support the use of topical lidocaine for the treatment of the documented objective findings on examination. The applicable evidence based guidelines state that more research is required prior to endorsing the use of LidoPro ointment for the treatment of chronic pain. The prescription of LidoPro ointment is FDA approved only for post herpetic neuralgia and is not to be used as a first line treatment. The provider provides no rationale for the use of the dispensed/prescribed LidoPro ointment over the readily available medical alternatives. The prescription of the LidoPro ointment is inconsistent with evidence-based guidelines. There are no prescribed antidepressants or gabapentin to support the medical necessity of Lidoderm topical cream. Evidence-based guidelines necessitate documentation of 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) to support the medical necessity of Lidoderm patch. The patient is not taking Neurontin, thus Lidoderm is not appropriate for the treatment of this patient. There is no objective evidence to support the use of Lidoderm patches for the continuous and daily treatment of chronic back pain. There is no current clinical documentation that indicates that the patient has a localized area of neuropathic pain for which this medication would be medically necessary. There is no demonstrated medical necessity for Lidoderm patches or topical lidocaine ointment to treat the effects of the industrial injury. The ODG identifies that Lidoderm is the brand name for a lidocaine patch produced by Endo Pharmaceuticals. 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 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. Formulations that do not involve a dermal-patch system are generally indicated as local anesthetics and anti-pruritics. Additionally, ODG states that topical lidocaine 5% patch/ointment has been approved by the FDA for post-herpetic neuralgia, and is used off-label for diabetic neuropathy and other neuropathic pain. It has been shown to be useful in treating various chronic neuropathic pain conditions in open-label trials (Argoff, 2006) (ODG, Pain

Chapter).