

<b>Case Number:</b>	CM14-0118531		
<b>Date Assigned:</b>	08/15/2014	<b>Date of Injury:</b>	07/09/2001
<b>Decision Date:</b>	09/18/2014	<b>UR Denial Date:</b>	07/15/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/25/2014

### 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 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 injured worker is a 50-year-old male who reported an injury on 07/09/2001. The mechanism of injury was not provided. Past treatments included medication, a series of 5 Synvisc injections, diagnostic studies, pain consult, and TENS unit. The diagnostic studies included an MRI of the left knee. The MRI revealed degenerative disc disease most significant at L4-5 with protrusion and moderate stenosis. He had 5 left knee arthroscopies with severe DJD (degenerative joint disease) in left knee. Surgical history was not provided. The injured worker was seen for back pain that radiated down his right leg and left knee. He was wearing a back brace and left knee brace. He also used a cane for ambulation. He rated his pain 8/10 in both back and knee. He received Synvisc injections which gave him some slight relief but the pain was still quite severe. He had a recent re-evaluation with his AME evaluator and an orthopedic AME evaluator on 08/10/2012. He reached Maximum Medical Improvement on 08/10/2012. The injured worker had been managing his pain in the morning with a long-acting analgesic and Avinza 60 mg. He used Norco about 6 a day. He had been using his Ambien for insomnia due to back pain. He took Mobic for inflammation. He used Lidoderm patches 2 times a day for localized pain. He had been using Lisinopril, Bystolic and Triamterene for hypertension. In addition, he is taking Simvastatin for hyperlipidemia, metformin, Actos for diabetes and Nexium for dyspepsia. He had been using a TENS unit off and on for pain which helped in decreasing his dependence on pain medication use. Upon physical exam, of his lower back revealed limited range of motion, extension to 10 degrees, right and left straight leg raises are both 80 degrees causing right-sided back pain, but non-radiating. He reported altered sensory loss to light touch and pinprick and the bilateral calf, bottom of feet and distal tip of toes. He exhibited difficulty trying to ambulate on his toes and heels with both lower extremities. He had a recommendation to resume his medication course per above, it was keeping him functional with regards to activities of daily

living. The plan was for authorization for updated MRI of his left knee, authorization for a lumbar epidural steroid injection, transforaminally on the right side at L5-S1 and L4-5, and followup in 4 weeks. The request is for Avinza 90 mg #30, Norco 10/325 #180, Mobic 15 mg #30, Ambien CR 12.5 mg #30, Nexium 40 mg #30, Colace 250 mg #60, Senokot #120, Lidoderm patch 5% #60 and pain consultation x 1. The rationales are as described above. The Request for Authorization was dated 07/29/2014.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**Avinza 90 mg #30:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines AVINZA (morphine sulfate), page 23, and Opioids, criteria for use Page(s): 78.

**Decision rationale:** The request for Avinza 90 mg #30 is not medically necessary. The injured worker has a history of back and left knee pain. The California MTUS guidelines state Avinza capsules are a brand of modified-release morphine sulfate indicated for once daily administration for the relief of moderate to severe breakthrough pain requiring continuous, around-the-clock opioid therapy for an extended period of time. The guidelines recognize four domains that have been proposed as most relevant for ongoing monitoring of chronic pain patients on opioids: pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant (or non-adherent) drug-related behaviors. The injured worker complained of back and left knee pain and the medications kept him functional. There is no current drug screen available to monitor the compliance of taking Sid medication. There is lack of risk assessment provided. There is a lack of evidence of objective functional benefit as a result of medication and the need for continuation. There was lack of frequency provided within the request. As such, the request is not medically necessary.

**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 Norco, page 75, Ongoing Management, page 78 Page(s): 75,78.

**Decision rationale:** The request for Norco 10/325 mg #180 is not medically necessary. The injured worker has a history of back and left knee pain. California MTUS guidelines recommend short acting opioids such as Norco for controlling chronic pain. For ongoing management, there should be documentation of the 4 A's including analgesia, activities of daily living, adverse side effects and aberrant drug taking behavior. There is lack of a urine drug screen. There is lack of an assessment profile. There is lack of evidence of objective functional improvement for

continued use of opioids. There is lack of frequency within the request. As such, the request is not medically necessary.

**Mobic 15mg #30:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory drugs).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS, pages Page(s): 67-73..

**Decision rationale:** The request for Mobic 15 mg #30 is not medically necessary. The injured worker has a history of left knee and back pain. The California MTUS Guidelines recommend non-steroidal anti-inflammatory drugs (NSAIDs) at the lowest possible dose for the shortest period of time in patients with moderate to severe pain. Acetaminophen may be considered for initial therapy for patients with mild to moderate pain, in particular, for those with gastrointestinal, cardiovascular, or renovascular risk factors. There is lack of supporting evidence of objective functional improvement to support continued use. As such, the request is not medically necessary.

**Ambien CR 12.5mg #30:** Upheld

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

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation TWC, zolpidem (Ambein).

**Decision rationale:** The request for Ambien CR 12.5 mg #30 is not medically necessary. The injured worker has a history of back and left knee pain. The Official Disability Guidelines (ODG) recommend Zolpidem as a short-acting non-benzodiazepine hypnotic, which is approved for the short-term (usually two to six weeks) treatment of insomnia. Proper sleep hygiene is critical to the individual with chronic pain and often is hard to obtain. Various medications may provide short-term benefit. While sleeping pills, so-called minor tranquilizers, and anti-anxiety agents are commonly prescribed in chronic pain, pain specialists rarely, if ever, recommend them for long-term use. They can be habit-forming, and they may impair function and memory more than opioid pain relievers. There is a lack of significant documentation as to the sleep pattern, sleep hours and sleep hygiene of injured worker although there is mention of injured worker not sleeping well. There is a lack of documentation of functional improvement for said medication. Furthermore, there is lack of frequency within the request. As such, the request is not medically necessary.

**Nexium 40mg 330:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs and GI symptoms and cardiovascular risk.

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

**Decision rationale:** The request for Nexium 40 mg #30 is not medically necessary. The injured worker has a history of back and left knee pain. The California MTUS Guidelines state non-steroidal anti-inflammatory drugs (NSAIDs) are recommended for individuals with GI symptoms and cardiovascular risks with precautions such as those who are under multiple or high doses of NSAIDs and those who are above the age of 65 years. Injured worker had an immediate risk for gastrointestinal events and no cardiovascular disease can take a nonselect NSAID with either a Proton-pump inhibitor (PPI). The Official Disability Guidelines (ODG) classifies Nexium as the PPI drug. There is no evidence of failed trials of drugs that are in the Y class. There is lack of documentation of evidence of objective functional benefits. There was lack of frequency within the request. As such, the request is not medically necessary.

**Colace 250mg #60:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids criteria for use for for therapeutic trial Page(s): 77.

**Decision rationale:** The request for Colace 250 mg #60 is not medically necessary. The injured worker has a history of back and knee pain. The California MTUS guidelines indicate prophylactic treatment of constipation should be initiated. Official Disability Guidelines (ODG) state that opioid -induced constipation treatment is recommended as indicated below. Opioid-induced constipation is a common adverse effect on long term opioid use because the binding of opioids to peripheral opioid receptors in the gastrointestinal tract results in absorption of electrolytes, such as chloride, with a subsequent reduction in small intestinal fluids. There is no medical necessity for said medicine since the certification of opioid use is not medically necessary. There is lack of documentation of the frequency within the request. There is lack of documentation of gastrointestinal complaints at this time. As such, the request is not medically necessary.

**Senokot #120:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids criteria for use for for therapeutic trial Page(s): 77.

**Decision rationale:** The request for Senokot #120 is not medically necessary. The injured worker has a history of back and knee pain. The California MTUS guidelines indicate prophylactic treatment of constipation should be initiated. Official Disability Guidelines (ODG)

state that opioid -induced constipation treatment is recommended as indicated below. Opioid-induced constipation is a common adverse effect on long term opioid use because the binding of opioids to peripheral opioid receptors in the gastrointestinal tract results in absorption of electrolytes, such as chloride, with a subsequent reduction in small intestinal fluids. There is no medical necessity for said medicine since the certification of opioid use is not medically necessary. There is lack of documentation of the frequency within the request. There is lack of documentation of gastrointestinal complaints at this time. As such, the request is not medically necessary.

**Lidoderm patch 5% #60:** 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 Analgesics Page(s): 112.

**Decision rationale:** The request for Lidoderm patch 5% #60 is not medically necessary. The injured worker has a history of back and left knee pain. The CA MTUS guidelines recommend lidocaine 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). Topical lidocaine, in the formulation of a dermal patch (Lidoderm) has been designated for orphan status by the Food and Drug Administration (FDA) for neuropathic pain. Lidoderm is also used off-label for diabetic neuropathy. No other commercially approved topical formulations of lidocaine (whether creams, lotions or gels) are indicated for neuropathic pain. Per the guidelines, no other commercially approved topical formulations of lidocaine (whether creams, lotions or gels) are indicated for neuropathic pain. Therefore, the combination of lidocaine with any other topical medication is not recommended. There is lack of documentation of evidence of failed trials of antidepressants and anticonvulsants. There is lack of documentation of oral pain medications as if significant to relieve the pain symptoms. There is lack of documentation as to the frequency upon the request. As such, the request is not medically necessary.

**Pain consultation x 1:** Upheld

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

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG Pain, office visits.

**Decision rationale:** The request for a pain consult x 1 is not medically necessary. The injured worker has a history of back and left knee pain. The Official Disability Guidelines (ODG) recommends an office visit to be medically necessary. Evaluation and management of outpatient visits to the offices of medical doctor(s) is a critical role in the proper diagnosis and return to function of an injured worker. The need for a clinical office visit with a health care provider is individualized based upon a review of the patient concerns, signs and symptoms, clinical

stability, and reasonable physician judgment. The determination of necessity for an office visit requires individualized case review and assessment, being ever mindful that the best patient outcomes are achieved with eventual patient independence from the health care system through self-care as soon as clinically feasible. The injured worker continues to be symptomatic with his pain. He has been not medically necessary for medication use due to lack of evidence of measurable objective functional improvements. He had been authorized for pain consult on 07/14/2014. There is lack of documentation as to if this had been done. There is no clear indication why the injured worker requires another consult. There is lack of documentation that the primary physician cannot manage the pain. There is a lack of clinical information indicating the rationale for a specialty consultation. Moreover, there is a lack of clinical evidence that the injured worker's pain was unresolved with the primary physician's standardized care. Given the information provided, there is insufficient evidence to determine appropriateness of a consultation to warrant medical necessity. As such, the request is not medically necessary.