

<b>Case Number:</b>	CM14-0127834		
<b>Date Assigned:</b>	09/23/2014	<b>Date of Injury:</b>	05/07/2013
<b>Decision Date:</b>	12/24/2014	<b>UR Denial Date:</b>	07/30/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/11/2014

### 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, has a subspecialty in Interventional Spine 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 27 year old male with an injury date on 05/07/2013. Based on the 06/20/2014 progress report provided by the treating physician, the diagnoses are: 1. HNP of the thoracic spine 2. HNP of the cervical spine with stenosis 3. Lumbar disc herniation at L3-4 and L5-S1 with left sided neural foraminal narrowing. 4. Lumbar radiculopathy 5. Cervical radiculopathy. According to this report, the patient complains of "constant lower back pain with radiating numbness, tingling, and cramping down bilateral legs to his feet" and "persistent spasms in his back, especially when he is sleeping." Pain is rated as a 7/10 for the neck and an 8/10 for the low back. Physical exam reveals tenderness over the cervical and lumbar paraspinal muscles. Range of motion of the cervical and lumbar spine is decreased in all planes. Decreased sensation to the right C5, left L4, L5, and S1 dermatomes are noted. Motor strength of the left hamstrings, inversion, plantar flexion and eversion are a +4/5. Patient's past medical treatments includes chiropractic care, acupuncture therapy, and TSESI of the lumbar spine. There were no other significant findings noted on this report. The utilization review denied the request on 07/30/2014. The requesting provider provided treatment reports from 03/31/2014 to 08/29/2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Hydrocodone/APAP 10/325mg #90:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Medications for chronic pain; Criteria For Use Of Opioids Page(s): 60,61;76-78;88-89.

**Decision rationale:** According to the 06/20/2014 report, this patient presents with of "constant lower back pain with radiating numbness, tingling, and cramping down bilateral legs to his feet."The current is for Hydrocodone / APAP 10/325mg #90. This medication was first mentioned in the 03/31/2014 report; it is unknown exactly when the patient initially started taking this medication. For chronic opiate use, MTUS Guidelines pages 88 and 89 states, "Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." MTUS page 78 also requires documentation of the 4As (analgesia, ADLs, adverse side effects, and aberrant behavior), as well as "pain assessment" or outcome measures that include current pain, average pain, least pain, intensity of pain after taking the opioid, time it takes for medication to work and duration of pain relief. Review of reports indicate patient "neck pain as 7/10 and back pain is an 8/10 on the pain scale." Patient "utilizes a back brace daily with house chores which he says provides him support during his activities."Per 05/22/2014 report, patient" continues with a home exercise program including stretching, walking, and TENS unit."In this case, the reports show documentation of pain assessment but no before and after analgesia is provided. ADL's are mentioned as above but no documentation as to how this medication is significantly improving the patient's ADL's and daily function. The treating physician does not discuss outcome measures as required by MTUS. No valid instruments are used to measure the patient's function which is recommended once at least every 6 months per MTUS. UDS was not obtained. No discussion regarding other opiates management issues such as CURES and behavioral issues. The treating physician has failed to properly document analgesia, ADL's, Adverse effects and Adverse behavior as required by MTUS. The request is not medically necessary.

**Omeprazole 20 capsules #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 PPI: NSAIDs, GI symptoms & cardiovascular risk Page(s): 69.

**Decision rationale:** According to the 06/20/2014 report, this patient presents with of "constant lower back pain with radiating numbness, tingling, and cramping down bilateral legs to his feet."The current is for Omeprazole 20 capsule #60. Omeprazole was first mentioned in the 03/31/2014 report; it is unknown exactly when the patient initially started taking this medication. The MTUS page 69 states under NSAIDs prophylaxis to discuss, GI symptoms & cardiovascular risk and recommendations are with precautions as indicated below. "Clinicians should weigh the indications for NSAIDs against both GI and cardiovascular risk factors. Determine if the patient is at risk for gastrointestinal events: (1) age > 65 years; (2) history of peptic ulcer, GI bleeding or perforation; (3) concurrent use of ASA, corticosteroids, and/or an anticoagulant; or (4) high

dose/multiple NSAID (e.g., NSAID + low-dose ASA)."MTUs further states "Treatment of dyspepsia secondary to NSAID therapy: Stop the NSAID, switch to a different NSAID, or consider H2-receptor antagonists or a PPI."Review of reports show that the patient is not currently on NSAID and has no gastrointestinal side effects with medication use. The patient is not over 65 years old; no other risk factors are present. The treating physician does not mention if the patient is struggling with GI complaints and why the medication was prescribed. There is no discussion regarding GI assessment as required by MTUS. MTUS does not recommend routine use of GI prophylaxis without documentation of GI risk. The request is not medically necessary.

**Gabapentin 600mg tablets #60: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Gabapentin (Neurontin); Antiepilepsy drugs (AEDs); Medication for chronic pain Page(s): 18,19,.

**Decision rationale:** According to the 06/20/2014 report, this patient presents with of "constant lower back pain with radiating numbness, tingling, and cramping down bilateral legs to his feet."The current is for Gabapentin 600mg tablets #60. This medication was first mentioned in the 03/31/2014 report; it is unknown exactly when the patient initially started taking this medication. Regarding Anti-epileptic (AKA anti-convulsants) drugs for pain, MTUS Guidelines recommend for "treatment of diabetic painful neuropathy and postherpetic neuralgia and has been considered as a first-line treatment for neuropathic pain." Review of reports indicates that the patient has neuropathic pain. The ODG guidelines support the use of anti-convulsants for neuropathic pain. However, the treater does not mention that this medication is working. There is no discussion regarding the efficacy of the medication. MTUS page 60 require that medication efficacy in terms of pain reduction and functional gains must be discussed when used for chronic pain. The request is not medically necessary.

**LidoPro topical ointment 4oz #1: 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 Creams Page(s): 111-113.

**Decision rationale:** According to the 06/20/2014 report, this patient presents with of "constant lower back pain with radiating numbness, tingling, and cramping down bilateral legs to his feet."The current is for Lido Pro topical ointment 4oz #1. LidoPro lotion contains capsaicin, lidocaine, menthol, and methyl salicylate. Regarding Topical Analgesics, The MTUS Guidelines page 111 has the following regarding topical creams, "topical analgesics are largely experimental and used with few randomized control trials to determine efficacy or safety." MTUS further

states, "Any compounded product that contains at least one (or drug class) that is not recommended is not recommended." MTUS states Lidocaine is only allowed in a patch form and not allowed in cream, lotion or gel forms. The request is not medically necessary.