

<b>Case Number:</b>	CM14-0143685		
<b>Date Assigned:</b>	09/19/2014	<b>Date of Injury:</b>	04/06/2009
<b>Decision Date:</b>	12/24/2014	<b>UR Denial Date:</b>	08/13/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/04/2014

### 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 Physical Medicine and Rehabilitation, has a subspecialty in Neuromuscular Medicine and is licensed to practice in Maryland. 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 63 year old with a work injury dated 4/6/09. The diagnoses include Grade I spondylolisthesis L5-S 1; cervical spondylosis; intermittent lumbar radiculopathy. Under consideration are requests for Ultram 50 mg with 2 refills; 2. Voltaren 75 mg # 60 with 2 refills; Prilosec 20 mg # 30 with 2 refills and topical compound LF520 (Lidocaine 5%, Flurbiprofen 20%) 120 grams with 2 refills. There is a 6/26/14 primary physician treating progress report where the patient has complaints of low back pain radiating to her lower extremities. Occasionally she has acute exacerbations including pain, muscle spasms of the lower extremities radiating to her legs. She has been taking Ultram every 6-8 hours as needed for pain. She does not improve with this. She additionally has complaints of neck pain and stiffness. Occasionally she has difficulty sleeping at night secondary to her pain. On examination of the lumbar spine, there is tenderness about the lower lumbar paravertebral musculature. Forward flexion is to 45 degrees, extension to 10 degrees. On examination of the cervical spine, there is tenderness of the posterior cervical and bilateral trapezial musculature. The patient can forward flex to within 1 fingerbreadth of chin to chest, with extension to 20 degrees and lateral rotation to 70 degrees bilaterally, and lateral bending to 30 degrees. There is a mildly positive sitting straight leg raise bilaterally. The treatment plan states that the patient remains quite symptomatic. There was a refill for Ultram 50 mg 1 tab q6-8h prn for pain w/2 refills, Voltaren 75 mg 1 tab bid #60 with 2 refills and Prilosec 20 mg 1 tab qd #30 w/2 refills. For breakthrough pain, I will add a topical compound LF520 (Lidocaine 5%, Flurbiprofen 20%) 120 grams w/2 refills. There is a 12/19/13 primary physician treating progress report that states that the patient has continuing complaints of neck and low back pain with some radiation to her lower extremities. She notes functional improvement and pain relief with the adjunct of the medications. On examination of

the lumbar spine, there is tenderness about the lower lumbar paravertebral musculature. Forward flexion is to 60 degrees, extension to 10 degrees, and lateral bending to 30 degrees. There is a negative sitting straight leg raise bilaterally. Strength in the lower extremities is globally intact. On examination of the cervical spine, there is tenderness of the posterior cervical and bilateral trapezial musculature. The patient can forward flex to within 1 fingerbreadth of chin to chest with extension to 20 degrees. On lateral rotation to 70 degrees, bilaterally. The treatment plan included a refill of Voltaren 75 mg 1 tab bid #60, Prilosec 20 mg 1 tab qd#30 and Ultram 50 mg 1 tab b.i.d. #60.

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

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

**Ultram 50mg with 2 refills:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioid use for chronic pain.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines On-Going Management Page(s): 78-80.

**Decision rationale:** Ultram 50mg with 2 refills is not medically necessary per the California Medical Treatment Utilization Schedule (MTUS) Chronic Pain Medical Treatment Guidelines. California the MTUS Chronic Pain Medical Treatment Guidelines state that a pain assessment should include: current pain; the least reported pain over the period since last assessment; average pain; intensity of pain after taking the opioid; how long it takes for pain relief; and how long pain relief lasts. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. The California MTUS does not support ongoing opioid use without improvement in function or pain. The documentation submitted reveals that the patient has been on long term opioids without significant functional improvement therefore the request for Ultram 50mg with 2 refills is not medically necessary.

**Voltaren 75mg #60 with 2 refills:** 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 Diclofenac sodium Voltaren, Voltaren-XR.

**Decision rationale:** Voltaren 75mg #60 with 2 refills is not medically necessary per the California Medical Treatment Utilization Schedule (MTUS) Chronic Pain Medical Treatment and ODG Guidelines. The Official Disability Guidelines (ODG) does not recommend Diclofenac (Voltaren) as first line due to increased risk profile. The MTUS Guidelines also state that for chronic low back pain: non-steroidal anti-inflammatory drugs (NSAIDs) are recommended as an option for short-term symptomatic relief. The documentation indicates that the patient has been

on Voltaren long term without significant functional improvement. The request for continued Voltaren is not medically necessary.

**Prilosec 20mg #30 with 2 refills:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory) for individuals with GI s.

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

**Decision rationale:** Prilosec 20mg #30 with 2 refills is not medically necessary per the California Medical Treatment Utilization Schedule (MTUS) Chronic Pain Medical Treatment Guidelines. The guidelines state that the patient is at risk for gastrointestinal events if they meet the following criteria (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 non-steroidal anti-inflammatory drugs (NSAID) (e.g., NSAID + low-dose ASA). The guidelines also state that a proton pump inhibitor can be considered if the patient has NSAID induced dyspepsia. The request for the NSAID Voltaren was deemed not medically necessary. The documentation does not indicate that the patient meets the criteria for a proton pump inhibitor therefore the retrospective request for Prilosec is not medically necessary.

**Topical compound LF520 (Lidocaine 5%, Flurbiprofen 20%) 120 grams with 2 refills:** 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): 111-113.

**Decision rationale:** Topical compound LF520 (Lidocaine 5%, Flurbiprofen 20%) 120 grams with 2 refills is not medically necessary per the California Medical Treatment Utilization Schedule (MTUS) Chronic Pain Medical Treatment Guidelines. The guidelines state that topical NSAIDs are indicated in osteoarthritis and tendinitis, in particular, that of the knee and elbow or other joints that are amenable to topical treatment: Recommended for short-term use (4-12 weeks). There is little evidence to utilize topical non-steroidal anti-inflammatory drugs (NSAIDs) for treatment of osteoarthritis of the spine, hip or shoulder. The guidelines indicate that topical formulations of lidocaine (whether creams, lotions or gels) are not indicated for neuropathic pain. The documentation does not indicate intolerance to oral medications. The guidelines additionally add that any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Topical Lidocaine (in non patch formulation) is not recommended by the California Medical Treatment Utilization Schedule (MTUS). Furthermore, the documentation indicates that the patient has spine complaints for which topical NSAIDS are not indicated. There is no documentation of intolerance to oral

medications. Therefore, the request for Topical compound LF520 (Lidocaine 5%, Flurbiprofen 20%) 120 grams with 2 refills is not medically necessary.