

<b>Case Number:</b>	CM14-0154140		
<b>Date Assigned:</b>	11/03/2014	<b>Date of Injury:</b>	02/17/2012
<b>Decision Date:</b>	12/08/2014	<b>UR Denial Date:</b>	08/28/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/22/2014

### 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 Occupational 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 case is a 49 year old female with a date of injury on 2/17/2012. A review of the medical records indicates that the patient has been undergoing treatment for cervical and lumbar radiculopathy. Subjective complaints (6/23/2014, 7/21/2014) include 8/10 pain to cervical, arm, and lumbar spine and (8/21/2014) include 50% decrease of cervical spine pain s/p C6-7 injection. Objective findings (6/23/2014, 7/21/2014, 8/21/2014) include positive bilateral straight leg test, antalgic gait, and decreased cervical range of motion. Treatment has included epidural steroid injection of C6, C7 (8/15/2014, 8/29/2014), Norco (since at least 8/2014), opioids (since 2/2014), zohydro (since at least 8/2014), pool program, and weight watchers weight loss program. A utilization review dated 8/28/2014 determined the following: -Non-certified 16.7% Flurbiprofen/3.3%/Cyclobenz/3.3% Baclofen/3.3% Lido cream-Partially certified for one followup clinic visit (original request was for Evaluate and treat 6 months, follow up treatment plan to include 2 office clinic visits and medications to treat ongoing symptoms)-Partially certified one-month for Zohydro ER 40mg q 12hrs-Partially certified one-month for Norco 10/325mg, one tablet po q4-6h PRN.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**16.7% Flurbiprofen/3.3%/Cyclobenz/3.3% Baclofen/3.3% Lido cream: 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 based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Compound creams

**Decision rationale:** MTUS and ODG recommends usage of topical analgesics as an option, but also further details "primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed." The medical documents do not indicate failure of antidepressants or anticonvulsants. MTUS states, "There is little to no research to support the use of many of these agents. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended." CYCLOBENZAPRINE MTUS states regarding topical muscle relaxants, "Other muscle relaxants: There is no evidence for use of any other muscle relaxant as a topical product." Topical cyclobenzaprine is not indicated for this usage, per MTUS. FLURBIPROFEN MTUS states that the only FDA-approved NSAID medication for topical use includes diclofenac, which is indicated for relief of osteoarthritis pain in joints. Flurbiprofen would not be indicated for topical use in this case. BACLOFEN MTUS states that topical Baclofen is "Not recommended." LIDOCAINE ODG also states that topical lidocaine is appropriate in usage as patch under certain criteria, but that "no other commercially approved topical formulations of lidocaine (whether creams, lotions or gels) are indicated for neuropathic pain." MTUS states regarding lidocaine, "Neuropathic pain 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)." MTUS indicates lidocaine "Non-neuropathic pain: Not recommended." The medical records do not indicate failure of first-line therapy for neuropathic pain and lidocaine is also not indicated for non-neuropathic pain. ODG states regarding lidocaine topical patch, "This is not a first-line treatment and is only FDA approved for post-herpetic neuralgia". Medical documents do not document the patient as having post-herpetic neuralgia. The requested compound medication contains several non-recommended components, which renders the whole medication non-recommended. As such, the request for 16.7% Flurbiprofen/3.3%/Cyclobenz/3.3% Baclofen/3.3% Lido cream is not medically necessary.

**Evaluate and treat 6 months, follow up treatment plan to include 2 office clinic visits and medications to treat ongoing symptoms:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter, Office Visits

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 2 General Approach to Initial Assessment and Documentation Page(s): 33. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Office Visits

**Decision rationale:** ODG states concerning office visits "Recommended as determined to be medically necessary. Evaluation and management (E&M) outpatient visits to the offices of medical doctor(s) play a critical role in the proper diagnosis and return to function of an injured worker, and they should be encouraged. 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 is also based on what medications the patient is taking, since some medicines such as opiates, or medicines such as certain antibiotics, require close monitoring. As patient conditions are extremely varied, a set number of office visits per condition cannot be reasonably established. 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".ACOEM states regarding assessments, "The content of focused examinations is determined by the presenting complaint and the area(s) and organ system(s) affected." And further writes that covered areas should include "Focused regional examination" and "Neurologic, ophthalmologic, or other specific screening".The treating physician does not detail the rationale or provide additional information for the requested 6 month with 2 visit evaluation and treatment. No additional information regarding what specialist was provided in the treatment notes. Importantly, the treatment notes do not detail what medications and symptoms are to be evaluated and treated. The original reviewer partially certified the request to allow for one follow-up visit, which is acceptable. As such, the request for Evaluate and treat 6 months, follow up treatment plan to include 2 office clinic visits and medications to treat ongoing symptoms is not medically necessary at this time.

**Zohydro ER 40mg q 12hrs: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-96. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Opioids

**Decision rationale:** Zohydro is a brand name version of Hydrocodone. ODG does not recommend the use of opioids for low back pain "except for short use for severe cases, not to exceed 2 weeks." The patient has exceeded the 2 week recommended treatment length for opioid usage. MTUS does not discourage use of opioids past 2 weeks, but does state that "ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. 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 treating physician does not fully document the least reported pain over the period since last assessment, intensity of pain after taking opioid, pain relief, increased level of function, or improved quality of life. Additionally, medical documents indicate that the patient has been on an opioid, since at least 2/2014, in excess of the recommended 2-week limit for opioids. Importantly, the request for authorization does not detail the quantity of Zohydro that is being requested. The original review partially certified the request to allow for one-month supply of medication, which is reasonable. As such, the question for Zohydro ER 40mg q 12hrs is not medically necessary.

**Norco 10/325mg, one tablet po q4-6h PRN: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for use of opioids.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-96. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck and Upper Back (Acute and Chronic), Low Back - Lumbar & Thoracic (Acute & Chronic), Opioids, Pain

**Decision rationale:** ODG does not recommend the use of opioids for neck and low back pain "except for short use for severe cases, not to exceed 2 weeks." The patient has exceeded the 2 week recommended treatment length for opioid usage. MTUS does not discourage use of opioids past 2 weeks, but does state that "ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. 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 treating physician does not fully document the least reported pain over the period since last assessment, intensity of pain after taking opioid, pain relief, increased level of function, or improved quality of life. Additionally, medical documents indicate that the patient has been on an opioid, since at least 2/2014, in excess of the recommended 2-week limit for opioids. Importantly, the request for authorization does not detail the quantity of Norco that is being requested. The original review partially certified the request to allow for one-month supply of medication, which is reasonable. As such, the question for Norco 10/325mg, one tablet po q4-6h PRN is not medically necessary.