

<b>Case Number:</b>	CM14-0176073		
<b>Date Assigned:</b>	10/29/2014	<b>Date of Injury:</b>	10/10/2002
<b>Decision Date:</b>	12/05/2014	<b>UR Denial Date:</b>	09/29/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/23/2014

### 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 is a 40-year-old male with a 10/10/02 date of injury. According to a progress report dated 9/10/14, the patient complained of increasing lower back pain since beginning aqua therapy. He has had increasing back spasms and tightness as well as spasms in the right gluteal area. He also complained of cervical muscle tightness. He utilizes Pennsaid solution, Lidoderm patches for his lower back pain, Sumatriptan as needed for headaches and Protonix for GI protection with the use of his oral medications. He would like to resume treatment with Butrans patch for pain. Objective findings: antalgic gait, no other abnormal findings. Diagnostic impression: lumbar postlaminectomy syndrome, lumbar disc displacement without myelopathy, sciatica. Treatment to date: medication management, activity modification, aqua therapy, home H-wave unit, spinal cord stimulator trial. A UR decision dated 9/29/14 denied the requests for Protonix, Cialis, Lidoderm patch, and Pennsaid solution. Regarding Protonix, consideration for certification will require trial of a "Y" drug in this class on the ODG formulary, as well as documentation of ongoing medical necessity. Regarding Cialis, there is no documentation of erectile dysfunction to warrant the need for this medication. Regarding Lidoderm patch, in order for this medication to be considered for certification, recent evaluation should include evidence of an attempt at a "Y" drug, documentation of medical necessity, and evidence of objective functional benefit as a result of medication, and the need for continuation will be required. A specific rationale for the denial of Pennsaid was not provided.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Pantoprazole- Protonix 20mg #60 1 twice a day: 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) Treatment in Workers Compensation (TWC); Pain Procedure Summary.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS, GI Symptoms, and Cardiovascular Risk Page(s): 68. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: FDA (Pantoprazole (Protonix))

**Decision rationale:** CA MTUS and the FDA support proton pump inhibitors in the treatment of patients with GI disorders such as gastric/duodenal ulcers, GERD, erosive esophagitis, or patients utilizing chronic NSAID therapy. It is noted that Protonix has been prescribed for GI symptoms caused by NSAID use. However, because the initial request for the NSAID, Pennsaid, was not found to be medically necessary, this associated request for prophylactic use cannot be substantiated. Therefore, the request for Pantoprazole- Protonix 20mg #60 1 twice a day is not medically necessary.

**Cialis 20mg 1 daily as needed #30 refills x 3: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Mosby's Drug Consult

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: FDA (Cialis)

**Decision rationale:** CA MTUS and ODG do not address this issue. The FDA states that Cialis is indicated for the treatment of erectile dysfunction (ED), for the treatment of the signs and symptoms of benign prostatic hyperplasia (BPH), and for the treatment of ED and the signs and symptoms of BPH (ED/BPH). However, in the present case, there is no documentation that this patient has a diagnosis of erectile dysfunction or benign prostatic hyperplasia. A specific rationale as to why this patient requires this medication was not provided. Therefore, the request for Cialis 20mg 1 daily as needed #30 refills x 3 is not medically necessary.

**Lidoderm 5% patch apply 3 patches every 12 hours on /off #90 with 3 refills: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Lidocaine Patch Page(s): 56-57. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter - Lidoderm

**Decision rationale:** CA MTUS states that 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). ODG states that Lidoderm is not generally recommended for treatment of osteoarthritis or treatment of myofascial pain/trigger points. The guidelines state that for continued use of Lidoderm patches, the area for treatment should be designated as well as number of planned patches and duration for use (number of hours per day). However, in the present case, the documentation provided does not include this information. In addition, there is no discussion in the reports regarding the patient failing treatment with a first-line agent such as gabapentin. Furthermore, there is no documentation that the patient is unable to take oral medications. Therefore, the request for Lidoderm 5% patch applies 3 patches every 12 hours on /off #90 with 3 refills is not medically necessary.

**Pennsaid 1.5% solution use four times a day #1 with 4 refills:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official disability Guidelines (ODG) Treatment in Workers Compensation (TWC); Pain Procedure Summary.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS Page(s): 67. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter - NSAIDS

**Decision rationale:** CA MTUS states that NSAIDs are effective, although they can cause gastrointestinal irritation or ulceration or, less commonly, renal or allergic problems. Studies have shown that when NSAIDs are used for more than a few weeks, they can retard or impair bone, muscle, and connective tissue healing and perhaps cause hypertension. In addition, ODG states that there is inconsistent evidence for the use of these medications to treat long-term neuropathic pain, but they may be useful to treat breakthrough pain. However, in the present case, there is no documentation in the reports provided for review of significant pain relief or functional gains from the use of this NSAID. Guidelines do not support the ongoing use of NSAID medications without documentation of functional improvement. Therefore, the request for Pennsaid 1.5% solution use four times a day #1 with 4 refills is not medically necessary.