

<b>Case Number:</b>	CM14-0024069		
<b>Date Assigned:</b>	02/28/2014	<b>Date of Injury:</b>	05/19/2004
<b>Decision Date:</b>	08/04/2014	<b>UR Denial Date:</b>	01/09/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/13/2014

### 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 Anesthesiology, has a subspecialty in Pain Management and is licensed to practice in Tennessee. 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 52-year-old male who has submitted a claim for sacroiliac pain, post lumbar laminectomy syndrome, low back pain, lumbar facet syndrome, lumbar radiculopathy, and mood disorder associated with an industrial injury date of May 19, 2004. Medical records from 2013 to 2014 were reviewed. The patient complained of low back pain radiating to the lower extremities, rated 4/10 with medications and 9/10 without medications. Physical examination showed an antalgic gait with assistance of a cane; limitation of motion of the lumbar spine and left knee due to pain; weakness of the left extensor hallucis longus, left ankle dorsiflexors, and knee extensors and flexors. The diagnoses were post lumbar laminectomy syndrome; lumbar facet syndrome; lumbar radiculopathy; sacroiliac pain; low back pain; and status post left knee chondroplasty and synovectomy (September 9, 2012). Treatment plan includes pain medications such as Norco, Avinza, Lyrica, Zolpidem Tartrate, Cymbalta, Prilosec, Lidoderm 5% patch, Pennsaid 1.5% solution, and docusate sodium 250mg. Treatment to date has included oral and topical analgesics, acupuncture, aqua therapy, TENS, phonophoresis, lumbar spine surgery, Orthovisc series for the left knee, other left knee injections, knee brace and home exercise program. Utilization review from January 9, 2014 denied the requests for Prilosec 40mg, Qty. 30; Lidoderm 5% patch, Qty. 30; and Pennsaid 1.5% solution. The reasons for denial were not available.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**PRILOSEC 40MG QTY. 30:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS, GI SYMPTOMS AND CARDIOVASCULAR RISK.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 2009: NSAIDS, GI symptoms & cardiovascular risk Page(s): 68. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter, Proton pump inhibitors (PPIs).

**Decision rationale:** According to page 68 of CA MTUS Chronic Pain Medical Treatment Guidelines, proton pump inhibitors are used in patients on NSAID therapy who are at risk for GI events. Risk factors includes age > 65; history of peptic ulcer, GI bleed, or perforation; concurrent use of ASA, corticosteroids, or anticoagulant; and high dose or multiple NSAID use. Use of PPI > 1 year has been shown to increase the risk of hip fracture. ODG states that use of PPI should be limited to the recognized indications and used at the lowest dose for the shortest possible amount of time. In this case, the Prilosec intake was noted as far back as March 2013 due to acid reflux attributed to pain medications. This provided relief of the GI symptoms. The medical necessity has been established. Therefore, the request for PRILOSEC 40MG QTY. 30 is medically necessary.

**LIDODERM 5% PATCH, QTY. 30:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 2009: Lidoderm (lidocaine patch Topical Analgesics, Lidocaine Page(s): 56-57, 112.

**Decision rationale:** As stated on pages 56-57 in the CA MTUS Chronic Pain Medical Treatment Guidelines, Lidoderm patch may be recommended for localized peripheral pain after there has been evidence of a trial of first-line therapy (tricyclic or SNRI anti-depressants, or an AED such as gabapentin or Lyrica). In this case, the patient has been on Lyrica, Cymbalta and Lidoderm patch as far back as March 2013. However, there is no clear documentation of peripheral neuropathy to support the use of this medication. Moreover, there was no objective evidence of pain improvement and functional benefit directly attributed to the use of Lidoderm patch. The medical necessity for continued use of this medication has not been established. Therefore, the request for LIDODERM 5% PATCH, QTY. 30 is not medically necessary.

**PENNSAID 1.5% SOLUTION:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 2009: Topical Analgesics, NSAIDS Page(s): 111-112. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter, Pennsaid® (diclofenac sodium topical solution).

**Decision rationale:** Page 112 of the CA MTUS Chronic Pain Medical Treatment Guidelines state that topical diclofenac is indicated for relief of osteoarthritis pain in joints that lend themselves to topical treatment (ankle, elbow, foot, hand, knee, and wrist). ODG recommends topical diclofenac for osteoarthritis after failure of an oral NSAID or contraindications to oral NSAIDs. In this case, Pennsaid 1.5% solution was utilized for knee pain as far back as March 2013. However, there was no objective evidence of pain improvement and functional gains directly attributed from its use. There was also no evidence of failure of oral NSAIDs to relieve pain. The medical necessity has not been established. Moreover, the request did not specify the amount to dispense. Therefore, the request for PENNSAID 1.5% SOLUTION is not medically necessary.