

<b>Case Number:</b>	CM14-0024874		
<b>Date Assigned:</b>	06/13/2014	<b>Date of Injury:</b>	12/15/2003
<b>Decision Date:</b>	07/16/2014	<b>UR Denial Date:</b>	02/25/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/27/2014

### 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 Family Medicine and is licensed to practice in New Jersey. 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 worker is a 47 year old male who was injured in 2003 and later diagnosed with lumbar pain, shoulder pain, left lumbar neuritis/radiculitis confirmed by EMG/NCV on 10/26/11, right shoulder impingement. He was treated with topical analgesics, NSAIDs, opioids, home exercises, surgery (shoulder, low back), nerve block injections, TENS unit, muscle relaxants, acupuncture, body brace, and physical therapy. In general these treatments have not significantly improved his overall pain levels. However on 9/4/13 the worker reported to his treating orthopedic physician that the medications and lying flat both contributed to lessening the pain (no quantified level noted). He was able to go back to work, but continued to experience chronic pain. On 2/14/14 the worker was seen by his treating orthopedic physician for a follow-up complaining again of his constant low back pain (pain scale 4-7/10) with right shoulder pain rated at 2-3/10 on the pain scale. The topical and oral medications reportedly decreased his pain to a "comfort level". He still at this point was experiencing numbness and tingling in the left leg. He reported being able to lift 40 pounds and that he was working fulltime, but that the pain woke him up at night regularly. He was recommended to continue his medications which included Norco, naproxen, Lidpro lotion, Lidoderm, and gabapentin.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**NORCO 10/325 MG #90:** Upheld

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

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

**Decision rationale:** MTUS Chronic Pain Medical Treatment Guidelines require that for opioid use, there is to be ongoing review and documentation of pain relief, functional status, appropriate medication use with implementation of a signed opioid contract, drug screening (when appropriate), review of non-opioid means of pain control, using the lowest possible dose, making sure prescriptions are from a single practitioner and pharmacy, and side effects, as well as consultation with pain specialist if after 3 months unsuccessful with opioid use, all in order to improve function as criteria necessary to support the medical necessity of opioids. Long-term use and continuation of opioids requires this comprehensive review with documentation to justify continuation. The worker has used Norco as needed for his chronic back and shoulder pain. It is unknown how much functional benefit is being gained with the use of this particular medication as it is not specifically documented, nor is the pain relief quantified in the documents provided which would help justify continuation. Therefore, the Norco is not medically necessary.

**NEXIUM 40 MG #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 NSAIDs, GI symptoms & cardiovascular risk Page(s): 68-69.

**Decision rationale:** The MTUS Guidelines state that to warrant using a proton pump inhibitor (PPI) in conjunction with an NSAID, the patient would need to display intermediate or high risk for developing a gastrointestinal event such as those older than 65 years old, those with a history of peptic ulcer, GI bleeding, or perforation, or those taking concurrently aspirin, corticosteroids, and/or an anticoagulant, or those taking a high dose or multiple NSAIDs. The worker had been using as needed naproxen 550 mg, which is not high dose, and he does not have any medical history (seen in the documents for review) which would suggest he is at a high risk of a gastrointestinal event. Therefore, Nexium's risks out-weigh the benefits and is not medically necessary to continue chronically.

**NAPROXEN 550 MG #60:** 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 NSAIDs Page(s): 67-73.

**Decision rationale:** The MTUS Guidelines state that NSAIDs (non-steroidal anti-inflammatory drugs) may be recommended for osteoarthritis as long as the lowest dose and shortest period is used. The MTUS also recommends NSAIDs for short-term symptomatic use in the setting of back pain if the patient is experiencing an acute exacerbation of chronic back pain if acetaminophen is not appropriate. NSAIDs are not recommended for neuropathic pain, long-term chronic pain, and relatively contraindicated in those patients with cardiovascular disease, hypertension, kidney disease, at risk for gastrointestinal bleeding. The worker in this case had been using NSAIDs as needed for years, however, long-term use is not generally recommended. Also, no documentation of Naproxen's specific and direct influence on the worker's function or pain was documented in the notes provided for review. Therefore, the Naproxen is not medically necessary.

#### **LIDODERM PATCH #60: Upheld**

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

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

**Decision rationale:** The MTUS Guidelines for Chronic Pain state that topical Lidocaine is not a first-line therapy for chronic pain, but may be recommended for localized peripheral neuropathic pain after there has been evidence of a trial of first-line therapy (including tri-cyclic, SNRI antidepressants, or an AED such as Gabapentin or Lyrica). Topical Lidocaine is not recommended for non-neuropathic pain as studies showed no superiority over placebo. It seems clear that the worker has neuropathic pain and Lidocaine seems to have been warranted as a trial in the past. However, no current clear and specific documentation was seen by the reviewer quantifying the worker's functional improvement and pain relief specifically to the Lidocaine patch. Therefore, without this documentation, the Lidoderm patch is not medically necessary.

#### **LIDPRO LOTION 4OZ: 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): 112.

**Decision rationale:** The MTUS Guidelines for Chronic Pain state that topical Lidocaine is not a first-line therapy for chronic pain, but may be recommended for localized peripheral neuropathic pain after there has been evidence of a trial of first-line therapy (including tri-cyclic, SNRI antidepressants, or an AED such as Gabapentin or Lyrica). Topical Lidocaine is not recommended for non-neuropathic pain as studies showed no superiority over placebo. It seems clear that the worker has neuropathic pain and Lidocaine seems to have been warranted as a trial in the past. However, no current clear and specific documentation was seen by the reviewer quantifying the

worker's functional improvement and pain relief specifically to the Lidoderm lotion. Therefore, without this documentation, the Lidopro lotion is not medically necessary.

**GABAPENTIN 600 MG #90:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Anti-epilepsy drugs Page(s): 16-22.

**Decision rationale:** The MTUS Guidelines state that anti-epilepsy drugs (or anti-convulsants) such as Gabapentin are recommended as first line therapy for neuropathic pain as long as there is at least a 30% reduction in pain. If less than 30% reduction in pain is observed with use, then switching to another medication or combining with another agent is advised. Documentation of pain relief, improvement in function, and side effects is required for continual use. Preconception counseling is advised for women of childbearing years before use, and this must be documented. The worker clearly has documented history of neuropathic pain, which had warranted use of this medication as a trial. However, no current documentation discusses its specific benefit on the worker's function or pain (quantified), which is required to justify continuation. Therefore, the Gabapentin is not medically necessary.