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| <b>Case Number:</b>   | CM14-0027533 |                              |            |
| <b>Date Assigned:</b> | 06/13/2014   | <b>Date of Injury:</b>       | 01/16/2004 |
| <b>Decision Date:</b> | 07/30/2014   | <b>UR Denial Date:</b>       | 02/21/2014 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 03/04/2014 |

### 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 and is licensed to practice in California and Washington. 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 injured worker is a 58-year-old who reported an injury on January 16, 2004. The mechanism of injury was not provided for clinical review. The diagnoses include degenerative disc disease of the cervical spine with radiculopathy, ongoing lumbar and myofascial complaints, bilateral knee DJD (degenerative joint disease), bilateral knee degenerative joint disease with right ankle osteochondral defect, medial talar dome, left ankle joint degenerative joint disease, bilateral carpal tunnel syndrome, and right side wrist degenerative joint disease. Previous treatments include medication, walker, pool therapy, and Orthovisc injections. The clinical note dated January 5, 2014, reported the injured worker rated her pain 6/10 in severity. She complained of pain to her low back, left lower extremity, and left knee. Current medication regimen includes Cymbalta, Norco, docuprene, and Terocin patches. Upon physical examination, the provider noted tenderness to palpation in the cervical and lumbar paraspinal regions bilaterally. The range of motion of the cervical spine and lumbar spine are decreased in all planes and limited by pain; decreased sensation of the C5 and C6 dermatomes on the left; decreased sensation in the S1 dermatome on the right. The provider noted the left knee had crepitus with motion; was noted with decreased range of motion. The provider requested docuprene, LidoPro topical ointment, a med panel to evaluate hepatic and renal function, and Cymbalta. However, the rationale was not provided for clinical review. The request for authorization was submitted and dated January 6, 2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Docuprene 100mg, sixty count with two refills: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Criteria for Use, Initiating Therapy Page(s): 77.

**Decision rationale:** The injured worker complained of pain to her low back, left lower extremity, and left knee. She rated her pain 6/10 in severity. The Chronic Pain Medical Treatment Guidelines state when initiating opioid therapy, prophylaxis treatment for constipation should be initiated. The request submitted failed to provide the frequency of the medication. There is lack of significant objective findings indicating the injured worker was diagnosed or treated for constipation. The request submitted failed to provide the frequency of the medication. There is lack of documentation indicating the efficacy of the medication as evidenced by significant functional improvement. Therefore, the request for Docuprene 100mg, sixty count with two refills, is not medically necessary or appropriate.

**One prescription of Lidopro topical ointment with two 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 NSAIDs Page(s): 111-112.

**Decision rationale:** The injured worker complained of pain to her low back, left lower extremity, and left knee. She rated her pain 6/10 in severity. LidoPro contains capsaicin 0.0325%, lidocaine 4.5%, menthol, and methyl salicylate. The Chronic Pain Medical Treatment Guidelines note topical NSAIDs (non-steroidal anti-inflammatory drugs) are recommended for the use of osteoarthritis and tendinitis in particular, that of the knee and/or elbow and other joints that are amenable. Topical NSAIDs are recommended for short-term use (four to twelve weeks). There is little evidence indicating the utilization of topical NSAIDs for the treatment of osteoarthritis of the spine, hip, or shoulder. Capsaicin is generally recommended as an option in patients who have not responded or are intolerant to other treatments. Capsaicin is generally available in 0.025% formulation. There have been no studies of a 0.0375% formulation of capsaicin and there is no current indication that the increase of a 0.025% formulation would provide any further efficacy. Topical lidocaine is recommended for neuropathic pain and localized peripheral pain after there has been evidence of a first-line therapy. Topical lidocaine in the formulation of a dermal patch has been designated for orphan status by the FDA for neuropathic pain. There is a lack of documentation indicating the injured worker has had signs and symptoms or diagnosed with osteoarthritis. The clinical documentation submitted does not indicate the injured worker is diagnosed or treated for neuropathic pain. There is a lack of documentation indicating the injured worker had tried and failed first-line agents for the management of neuropathic pain. In addition, the injured worker had been utilizing this medication since at least January of 2014 which exceeds the guideline's recommendation of

short-term use of four to twelve weeks. The request submitted fails to provide the treatment site. The request submitted failed to provide the frequency of the medication. There is a lack of documentation indicating the efficacy of the medication as evidenced by significant functional improvement. The request for one prescription of Lidopro topical ointment with two refills is not medically necessary or appropriate.

**One medical panel to evaluate hepatic and renal function: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs Page(s): 70.

**Decision rationale:** The injured worker complained of pain to her low back, left lower extremity, and left knee. She rated her pain 6/10 in severity. The Chronic Pain Medical Treatment Guidelines recommend periodic lab monitoring and chemistry profile including liver and renal function tests. The guidelines recommend measuring liver transaminases within four to eight weeks after starting therapy, but the interval of repeating lab tests after this treatment duration has not been established. Routine blood pressure monitoring is however, recommended. The clinical documentation submitted indicated the injured worker underwent the requested labs on January 6, 2014. The medical necessity for additional labs would not be medically warranted at the time. There is a lack of documentation indicating the injured worker is utilizing NSAID (non-steroidal anti-inflammatory drug) therapy. The request for one medical panel to evaluate hepatic and renal function is not medically necessary or appropriate.

**Cymbalta 60mg, thirty count with two refills: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Cymbalta (Duloxetine) Page(s): 42.

**Decision rationale:** The injured worker complained of pain to her low back, left lower extremity, and left knee. She rated her pain 6/10 in severity. The Chronic Pain Medical Treatment Guidelines recommend Cymbalta as an option in first-line treatment of neuropathic pain. It has FDA approval for treatment of depression, generalized anxiety disorder, and for the treatment of pain related to diabetic neuropathy. The guidelines note antidepressants are recommended as an option for radiculopathy. There is a lack of documentation indicating the injured worker is treated for or diagnosed with neuropathic pain. There is lack of significant objective findings indicating the injured worker is treated for or diagnosed with depression, generalized anxiety disorder, and for diabetic neuropathy. There is a lack of documentation indicating the efficacy of the medication as evidenced by significant functional improvement. The request submitted failed to provide the frequency of the medication. The request for Cymbalta 60mg, thirty count with two refills, is not medically necessary or appropriate.

