

<b>Case Number:</b>	CM14-0030155		
<b>Date Assigned:</b>	04/09/2014	<b>Date of Injury:</b>	04/13/2003
<b>Decision Date:</b>	08/07/2014	<b>UR Denial Date:</b>	01/16/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/27/2014

### 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 Anesthesiology, has a subspecialty in Pain Management, and is licensed to practice in Florida. 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 44-year-old who reported an injury April 23, 2003. The mechanism of injury was not provided within the medical records. The clinical note dated 01/30/2014 indicated diagnoses of left lumbar radiculopathy, left foot and ankle pain, status post surgical intervention, electrodiagnostic carpal tunnel syndrome, HNP of the lumbar spine, and status post left carpal tunnel release. The injured worker reported persistent back and left leg pain that was rated 8/10. She reported the pain radiated with numbness down the left leg to the foot, which increased more with activity. The injured worker reported feeling of a hot, sharp nail in her buttocks. The injured worker reported her back pain was worse than her leg pain. The injured worker reported her last epidural injection helped decrease her pain by 50% for about 4 to 5 months. The injured worker was scheduled for a repeat epidural injection of the lumbar spine. The injured worker reported she was taking Norco, Flexeril, and denied any side effects from the medication except for constipation. The injured worker reported medication helped decrease her pain about 50% temporarily and allowed her to increase her walking distance by 20 minutes. On physical examination, the injured worker's gait was mildly antalgic. Range of motion of the lumbar spine was decreased in all planes with decreased sensation to the left L4, L5, and S1 dermatome. The injured worker's prior treatments included diagnostic imaging, surgery, and medication management. The provider submitted request for medications and labs to monitor liver and kidney function. A Request for Authorization dated January 30, 2014 was submitted; however, a rationale was not provided for review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Topical compounded Lidopro, 4 oz: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-112.

**Decision rationale:** The Chronic Pain Medical Treatment Guidelines state topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. Primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. The guidelines also indicate any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. LidoPro contains (capsaicin 0.0325%, lidocaine 4.5%, menthol 10% and methyl salicylate 27.5%). Capsaicin is generally available as a 0.025% formulation primarily studied for post-herpetic neuralgia, diabetic neuropathy and post-mastectomy pain. Topical lidocaine, in the formulation of a dermal patch (Lidoderm) has been designated for orphan status by the FDA for neuropathic pain. There was lack of documentation indicating whether the injured worker had tried and failed antidepressants and anticonvulsants. In addition, capsaicin is recommended for post herpetic neuralgia, diabetic neuropathy, and post mastectomy pain. The documentation submitted did not indicate the injured worker had findings that would support she was at risk for these. Moreover, capsaicin is generally available in 0.025% formulation. The capsaicin in this medication formula is 0.0325%. This exceeds the guideline recommendations. Furthermore, lidocaine is only approved in the formulation of a dermal patch, Lidoderm. The guidelines indicate any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Moreover, the request did not indicate a frequency or quantity for this medication. Additionally, the injured worker reported improvement with the use of this medication. However, the clinical note dated December 5, 2013 indicated a pain level rated 5/10 to 8/10, which indicates no functional improvement. Furthermore, the request did not indicate a quantity or frequency for this medication. Therefore, the request for Topical compounded Lidopro, 4 oz is not medically necessary or appropriate.

**Hydrocodone/APAP 10/325 mg, sixty count: 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, On-going Management Page(s): 78.

**Decision rationale:** The Chronic Pain Medical Treatment Guidelines recommend the use of opioids for the on-going management of chronic low back pain. The ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects should be evident. The injured worker has been prescribed this medication since at least October 13, 2013. Hydrocodone/APAP was recommended on March 19, 2013 for weaning. The provider

has had sufficient time to wean the injured worker. In addition, there has been lack of improvement with the use of this medication. Moreover, lack of significant evidence of evaluation of risk for aberrant drug use behaviors and side effects. Furthermore, the request did not indicate a dosage, frequency, or quantity for this medication. The request for Hydrocodone/APAP 10/325 mg, sixty count, is not medically necessary or appropriate.

**Cyclobenzaprine 7.5mg, sixty count:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine (Flexeril) Page(s): 41-42.

**Decision rationale:** The Chronic Pain Medical Treatment Guidelines recommend cyclobenzaprine (Flexeril) as an option, using a short course of therapy. Cyclobenzaprine is a skeletal muscle relaxant and a central nervous system (CNS) depressant. The injured worker has been prescribed this medication since at least October 13, 2013. This exceeds the guideline recommendations for short term use. In addition, there has been no significant improvement with the use of this medication. Moreover, the request did not indicate a frequency for this medication. The request for Cyclobenzaprine 7.5mg, sixty count, is not medically necessary or appropriate.

**Nortriptyline HCL 25mg, sixty count:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Antidepressants Page(s): 15.

**Decision rationale:** The California Chronic Pain Medical Treatment Guidelines recommend Nortriptyline as a first-line treatment for neuropathic pain. Indications in controlled trials have shown effectiveness in treating central post-stroke pain, post-herpetic neuralgia, painful diabetic and non-diabetic polyneuropathy, and post-mastectomy pain. The lowest effective dose should be used. There was a lack of evidence on how long the injured worker has utilized this medication. In addition, there is a lack of improvement with the use of this medication. Moreover, the request does not indicate a frequency for this medication. Therefore, the request for Nortriptyline HCL 25mg, sixty count, is not medically necessary or appropriate.

**Omeprazole 20mg, 120 count:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk Page(s): 68.

**Decision rationale:** The Chronic Pain Medical Treatment Guidelines recommend the use of proton pump inhibitors if there is a history of gastrointestinal bleeding or perforations, a prescribed high dose of NSAIDs and a history of peptic ulcers. There is also a risk with long-term utilization of PPI (proton pump inhibitor; greater than one year) which has been shown to increase the risk of hip fracture. Although the injured worker is prescribed an opioid, there was a lack of improvement with the use of the injured worker's medications. In addition, the documentation submitted did not indicate the injured worker had findings that would support she was at risk for gastrointestinal bleeding or perforations, or peptic ulcers. Moreover, the request did not indicate a frequency for this medication. The request for Omeprazole 20mg, 120 count, is not medically necessary or appropriate.

**Labs to monitor liver and kidney function:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, specific drug list & adverse effects Page(s): 70.

**Decision rationale:** The Chronic Pain Medical Treatment Guidelines recommend periodic lab monitoring of a CBC and chemistry profile (including liver and renal function tests). There has been a recommendation to measure liver transaminases within 4 to 8 weeks after starting therapy, but the interval of repeating lab tests after this treatment duration has not been established. Routine blood pressure monitoring is recommended. There is a lack of clinical information indicating the provider's rationale for the lab request. In addition, the guidelines recommend labs to be drawn within 4 to 8 weeks after beginning medication therapy. However, there is a lack of clinical information indicating the start of the medications. Therefore, the request for labs to monitor liver and kidney function is not medically necessary or appropriate.