

<b>Case Number:</b>	CM14-0039701		
<b>Date Assigned:</b>	06/27/2014	<b>Date of Injury:</b>	01/29/2007
<b>Decision Date:</b>	08/19/2014	<b>UR Denial Date:</b>	03/20/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/03/2014

### 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 Internal 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:

Patient is an injured worker with lumbosacral conditions. Date of injury was 01-29-2007. Progress report dated 3/11/14 documented a patient status post sacroiliac injections on 1/3/14, with subjective complaints of constant aching pain across the low back, accompanied by muscle spasms and radiating pain. He complained of frequent radiation in the right center buttock region, down posterolateral thigh to the knee which was worsened by weight on the right leg. He also experienced posteriolateral left thigh across left knee down the medial left calf to the big toe. The medications and activity restrictions kept pain manageable to complete activities of daily living. The patient is currently taking Norco 10/325 mg four times a day, Neurontin 300 mg three times a day, Prilosec 20 mg, Soma 350 mg, and Ultram 50 mg. He stated the numbness, tingling, shooting sensation was greatly reduced while the sharp, stabbing and shooting pain still occurs. Objectively physical examination of the demonstrated lumbar spine moderate tenderness to palpation with tightness in the lumbar paraspinals L2-L4 down to both sacroiliac SI joints. He showed severe tenderness to palpation and spasm in his right buttock and right posterior thigh. He was unable to perform his lumbar ranges of motion or lay down due to pain. He showed sensory issues in the left posterior thigh, calf and lateral foot. MRI of the lumbar spine performed April 5, 2007 showed disc bulge at L4-5 with foraminal narrowing. MRI performed October 8, 2007 showed discectomy at L4-5 and laminectomy with interbody fusion. Diagnoses were failed low back pain surgery syndrome status post L4-5 posterior fusion and instrumentation; left sided lumbar radiculopathy in the S1 distribution requiring epidural injections; painful hardware; myofascial pain syndrome; piriformis pain radiating down posterior right thigh; chronic pain syndrome; sacroiliitis bilateral; lumbar facet joint pain; spasm of back muscles; postlaminectomy syndrome of lumbar region; degeneration of lumbar or lumbosacral intervertebral disc; lumbago; and spasm of piriformis muscle. Treatment plan included

continuation of current medications. Refill were written Lidoderm two patches to lower back once a day #60, Protonix 40 mg one twice a day #60, Norco 10/325 1-2 four times a day prn pain #210, Gabapentin 300mg QID #120. Request authorization for right piriformis injection to address sharp pain and severe muscle spasms originating in center of right buttock and traveling down posterior thigh to knee. Progress report dated 01/29/14 documented medications Norco 10/325 mg every 4 hours as needed, Neurontin 300 mg every 6 hours, Lidoderm. Prescriptions on 01/29/14 included Lidoderm patches, Norco 10/325 one tablet four times a day as needed for #120, Neurontin 300 mg QID #120. Progress report 01/29/14 did not document a diagnosis of piriformis disorder. Utilization review decision date was 03-20-2014.

## **IMR ISSUES, DECISIONS AND RATIONALES**

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

### **1 Bilateral Piriformis Injection: 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), Pain (Chronic), Hip Chapter.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), Edition (2004) Chapter 12 Low Back Complaints Page 300 and the Non-MTUS: Official Disability Guidelines (ODG), Low Back - Lumbar & Thoracic (Acute & Chronic), Piriformis injections.

**Decision rationale:** (ACOEM), Chapter 12 Low Back Complaints states that invasive techniques (e.g., local injections and facet-joint injections of cortisone and lidocaine) are of questionable merit. Official Disability Guidelines (ODG) states that piriformis injections may be considered after a one-month physical therapy trial. Medical records document that piriformis disorder was initially diagnosed on March 11, 2014. The request for piriformis injection was dated 03-11-2014. There was no trial of physical therapy for the patient's piriformis complaints. ODG guidelines require a trial of physical therapy, before piriformis injection is considered. The medical records do not support the medical necessity of piriformis injection. Therefore, the request for 1 Bilateral Piriformis Injection is not medically necessary.

### **1 Prescription of Lidoderm 5% #60 with 3 Refills: Upheld**

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

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Chronic Pain Medical Treatment Guidelines, Lidoderm (lidocaine patch) page(s) 56-57, Topical Analgesics Page(s) 111-112.

**Decision rationale:** Chronic Pain Medical Treatment Guidelines states that Lidoderm is not a first-line treatment and is only FDA approved for post-herpetic neuralgia. Further research is

needed to recommend Lidoderm for chronic neuropathic pain disorders other than post-herpetic neuralgia. Lidoderm is not recommended for non-neuropathic pain. Medical records do not document a diagnosis of post-herpetic neuralgia. Per MTUS, Lidoderm is only FDA approved for post-herpetic neuralgia, and is not recommended for other chronic neuropathic pain disorders or non-neuropathic pain. Medical records and MTUS guidelines do not support the medical necessity of Lidoderm patch. Therefore, the request for 1 prescription of Lidoderm 5% #60 with 3 refills is not medically necessary.

### **1 Prescription of Norco 10/325mg #210 with 3 Refills: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids for Chronic Pain, Criteria for Use of Opioids, Weaning of Medication.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Chronic Pain Medical Treatment Guidelines, Acetaminophen page(s) 11-12, Hydrocodone page 51, Opioids, criteria for use page(s) 78-79, Opioids for chronic pain page 80, Opioids specific drug list, Hydrocodone/Acetaminophen (Norco) page 91, (ACOEM) 2nd Edition (2004) Chapter 12 Low Back Complaints, page 308.

**Decision rationale:** Chronic Pain Medical Treatment Guidelines states that the long-term efficacy of opioids for chronic back pain is unclear, and appears limited. There are no trials of long-term use of opioids for neuropathic pain. There are virtually no studies of opioids for treatment of chronic lumbar root pain with resultant neuropathy. The lowest possible dose of opioid should be prescribed. The California Medical Board recommends that patients who are managed with controlled substances should be seen regularly. According to MTUS, Hydrocodone has a recommended maximum dose of 60 milligrams per 24 hours. The acetaminophen dose should not exceed 4 grams per 24 hours. (ACOEM) 2nd Edition (2004) Chapter 12 Low Back Complaints states that using opioids for more than 2 weeks is not recommended. MTUS guidelines do not support the long-term use of opioids for low back conditions. The request was for Norco 10/325 1-2 four times a day prn would exceed the maximum dose of Norco, which contains Hydrocodone and Acetaminophen, recommended by MTUS guidelines. Norco has potential risks of hepatotoxicity and renal toxicity, but laboratory test results are not documented. Urine drug screen is not documented. Norco is a Schedule III controlled substance and requires monitoring and regular clinic visits. Prescribing 210 tablets with 3 additional refills would provide a total of 840 tablets of Norco, without additional clinic visits to monitor the patient's opioid usage. MTUS guidelines and medical records do not support the prescription of Norco 10/325 1-2 four times a day prn pain #210 with 3 refills. Therefore, the request for 1 prescription of Norco 10/325mg #210 with 3 refills is not medically necessary.

### **1 Prescription of Gabapentin 300mg #120 with 3 Refills: Overturned**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Gabapentin (Neurontin).

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Chronic Pain Medical Treatment Guidelines, Gabapentin (Neurontin), page(s) 18-19.

**Decision rationale:** Medical treatment utilization schedule (MTUS) Chronic Pain Medical Treatment Guidelines states that Gabapentin (Neurontin) is considered as a first-line treatment for neuropathic pain. Gabapentin should not be abruptly discontinued. Medical records documented neuropathic pain. The patient's diagnoses include lumbar radiculopathy. The patient's medication regimen, including Neurontin, are documented to benefit pain management and functional stability. The medical records and MTUS guidelines support the medical necessity of Gabapentin. Therefore, the request for 1 prescription of Gabapentin 300mg #120 with 3 Refills is medically necessary.