

<b>Case Number:</b>	CM14-0045421		
<b>Date Assigned:</b>	04/16/2014	<b>Date of Injury:</b>	10/11/2012
<b>Decision Date:</b>	06/30/2014	<b>UR Denial Date:</b>	03/22/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/01/2014

### 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 & Rehabilitation 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:

The injured worker is a 41-year-old male who reported an injury on 10/11/2012. The mechanism of injury was not provided in the clinical documentation submitted. Within the clinical note dated 03/28/2014, the injured worker reported low back pain rated 9/10 in severity. Upon physical exam, the provider noted the injured worker's mood to be appropriate. The provider recommended the injured worker to have a gym membership for 12 months, continue medication, a lumbar support brace with TENS unit, and a right wrist brace. The provider recommended the injured worker to undergo a lumbar epidural steroid injection twice a year. The provider requested for Norco 10/325 #60, cyclobenzaprine 7.5 mg #60, Lidopro cream 4 ounce, and diclofenac ER 100 mg #30; however, the provider's rationale was not provided in the clinical documentation submitted. The Request for Authorization was not provided in the clinical documentation submitted.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**NORCO 10/325 #60:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines, Criteria For Use Of Opi.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines, Opioids, criteria for use, On-Going Management, Page(.

**Decision rationale:** The request for Norco 10/325 #60 is not medically necessary. The injured worker complained of low back pain rated 9/10 in severity. The California MTUS Guidelines recommend ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. The guidelines note a pain assessment should include current pain, the least reported pain over the period since the last assessment, average pain, intensity of pain after taking the opioid, how long it takes for pain relief and how long pain relief lasts. The guidelines recommend the use of a urine drug screen or inpatient treatment with issues of abuse, addiction, or poor pain control. The provider did not document an adequate and complete pain assessment within the documentation. There was a lack of documentation indicating the medication had been providing objective functional benefit and improvement. Additionally, the use of the urine drug screen was not provided in the documentation submitted. The request submitted failed to provide the frequency of the medication. Therefore, the request for Norco 10/325 #60 is not medically necessary.

**CYCLOBENZAPRINE 7.5MG #60:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines, Muscle Relaxants, Page(s): 63-64.

**Decision rationale:** The request for cyclobenzaprine 7.5 mg #60 is not medically necessary. The injured worker complained of low back pain rated 9/10 in severity. The California MTUS Guidelines recommend nonsedating muscle relaxants with caution as a second line option for short term treatment of acute exacerbation in patients with chronic low back pain. The guidelines note the medication is not recommended to be used for longer than 2 to 3 weeks. The guidelines also note muscle relaxants may be effective in reducing pain and muscle tension, and increasing mobility; however, in most low back pain cases, they show no benefit beyond NSAIDs in pain and overall improvement. The guidelines note there is no additional benefit shown in combination with NSAIDs. Efficacy appears to diminish over time, and prolonged use of some medications in this class may lead to dependence. There was a lack of objective findings indicating the injured worker to have muscle spasms. Additionally, the injured worker had been utilizing the medication for an extended period of time, since 03/2014, which exceeds the guidelines recommendations for short term use of 2 to 3 weeks. The request submitted failed to provide the frequency of the medication. Therefore, the request for cyclobenzaprine 7.5 mg #60 is not medically necessary.

**LIDOPRO CREAM 4OZ:** Upheld

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

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

**Decision rationale:** The request for Lidopro cream 4 ounces is not medically necessary. The injured worker complained of low back pain rated 9/10 in severity. California MTUS Guidelines state topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. Guidelines note any compound product that contain at least one drug or drug class that is not recommended is not recommended. Muscle relaxants are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. The guidelines note capsaicin was only recommended as an option in patients who have not responded or are intolerant to other treatments. Capsaicin is generally available as a 0.025% formulation. There have been no studies of a 0.0375% formulation of capsaicin and there is no current indication that the increase over a 0.025% formulation would provide any further efficacy. The guidelines note topical lidocaine is recommended for neuropathic pain and localized pain after there has been evidence of a trial of first line therapy. Topical lidocaine in the formulation of a dermal patch, Lidoderm, has been designated for orphan status by the FDA for neuropathic pain. The guidelines note topical analgesics are indicated for osteoarthritis and tendonitis, in particular that of the knee and elbow and other joints are amenable to topical treatment. The guidelines recommend topical analgesics for short term use of 4 to 12 weeks. The request exceeds the guidelines recommendation of 0.025% for capsaicin. There was a lack of documentation the injured worker had signs and symptoms or was diagnosed with osteoarthritis. There was a lack of documentation indicating the injured worker was diagnosed neuropathic pain. There was a lack of documentation indicating the injured worker had tried and failed on first line agents for management of neuropathic pain. Additionally, the injured worker had been utilizing the medication for an extended period of time, since at least 03/2014, which exceeds the guidelines recommendation of 4 to 12 weeks. The request submitted failed to provide the frequency of the medication. Therefore, the request for Lidopro cream 4 ounce is not medically necessary.

**DICLOFENAC ER 100MG #30:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines, NSAIDs ( non-steroidal anti-inflammatory drugs), Page.

**Decision rationale:** The request for diclofenac ER 100 mg #30 is not medically necessary. The injured worker complained of low back pain rated 9/10 in severity. The California MTUS Guidelines indicate diclofenac for treatment of signs and symptoms of osteoarthritis in patients at high risk for developing NSAID induced gastric or duodenal ulcers and their complications. The guidelines note NSAIDs are recommended at the lowest dose for the shortest period in patients with moderate to severe pain. The guidelines note they may be considered for initial therapy for patients with mild to moderate pain, and in particular for those with gastrointestinal, cardiovascular, or renovascular risk factors. There was a lack of objective documentation indicating the injured worker to be diagnosed with osteoarthritis. There was a lack of documentation indicating the injured worker to be at risk for gastric or duodenal ulcers and their

complications. The request submitted failed to provide the frequency of the medication. Therefore, diclofenac ER 100 mg #30 is not medically necessary.