

<b>Case Number:</b>	CM14-0053260		
<b>Date Assigned:</b>	07/07/2014	<b>Date of Injury:</b>	09/10/2004
<b>Decision Date:</b>	08/28/2014	<b>UR Denial Date:</b>	04/03/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/21/2014

### 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 Tennessee. 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:

This is a 61 year-old female patient with a 9/10/2004 date of injury. The mechanism of injury was a slip and fall. On a 2/6/2014 exam the patient reported 5/10 on a VAS pain scale. The patient had complaints of pain in the neck, mid back, lower back, both knees, and ankles, and headaches. The patient exhibited a slow gait walking with a cane, lower lumbar and sacral tenderness and involuntary tremors of the upper extremities. The diagnostic impression is chronic pain syndrome, causalgia, thoracic/lumbar neuritis, radiculitis, and pain in multiple joints. Treatment to date: Diagnostic studies, spinal cord stimulator implantation, medication management. A UR date of 4/3/2014 denied the request for Vitamin D 2000 units #60 because the patient does not meet the ODG guidelines at this time. The rationale for denial of Skelaxin 800mg #90 was that the patient had been on the drug since at least 2012 far beyond CA MTUS guideline recommendations. The rationale for denial of Lidocaine 5% ointment was that CA MTUS guidelines do not support its' use. The rationale for denial of Percocet 7.5/325mg #120 was based on CA MTUS guidelines and that the patient has not had sufficient functional restoration to justify the continued use of opiates. Finally, the rationale for denial of 1 CT (computerized tomography) scan of the lumbar spine was that although the patient reported increase pain on the 2/6/2014 exam, her pain levels were 5/10, which was consistent with prior examinations. Also, her functional levels were consistent and there was no evidence of any new potentially serious pathology, new trauma, or progression of neurologic deficit.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**1 prescription of vitamin D 2000 units #60: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation The Official Disability Guidelines, Pain (Chronic).

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Chronic Pain Chapter.

**Decision rationale:** The Official Disability Guidelines state that Vitamin D may be considered in chronic pain patients if necessary. It is under study as an isolated pain treatment, but vitamin D deficiency is not considered a workers' compensation condition. Musculoskeletal pain is associated with low vitamin D levels, but the relationship may be explained by physical inactivity and/or other factors. Vitamin D is being studied in conditions related to chronic pain, however, there is no documentation of any quantified laboratory evidence of the patient's vitamin D deficiency. Therefore, the request for Vitamin D 2000 units #60 is not medically necessary.

**1 prescription of Skelaxin 800mg #90: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants Page(s): 63-66.

**Decision rationale:** CA MTUS Chronic Pain Medical Treatment Guidelines recommends non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic LBP. In addition, muscle relaxants may be effective in reducing pain and muscle tension, and increasing mobility. However, in most LBP cases, they show no benefit beyond NSAIDs in pain and overall improvement, and no additional benefit has been shown when muscle relaxants are used in combination with NSAIDs. Efficacy appears to diminish over time, and prolonged use of some medications in this class may lead to dependence. CA MTUS guidelines only recommend a muscle relaxant for short-term treatment of an acute exacerbation of symptoms. The patient has been on this medication chronically at least since 2012. Furthermore, the efficacy of these agents diminishes over time, and prolonged use can result in dependence. Therefore, the request for Skelaxin 800mg #90 is not medically necessary.

**1 prescription of Lidocaine 5% ointment: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 111-113.

**Decision rationale:** CA MTUS Chronic Pain Medical Treatment Guidelines state that ketoprofen, lidocaine (in creams, lotion or gels), capsaicin in anything greater than a 0.025% formulation, baclofen, Boswellia Serrata Resin, and other muscle relaxants, and gabapentin and other antiepilepsy drugs are not recommended for topical applications. In addition, any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. CA MTUS guidelines state that topical analgesics are largely experimental in use with no randomized controlled trials to determine efficacy or safety. Topical analgesics are primarily recommended for neuropathic pain when trials of oral antidepressants and anticonvulsants have failed. However, there was no documentation of any of these failures in the reports. Therefore, the request for Lidocaine 5% ointment is not medically necessary.

**1 prescription of Percocet 7.5/325mg #120: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opiates Page(s): 78-81.

**Decision rationale:** CA MTUS Chronic Pain Medical Treatment Guidelines do not support ongoing opioid treatment unless prescriptions are from a single practitioner and are taken as directed; are prescribed at the lowest possible dose; and unless there is ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. CA MTUS guidelines state that continued use of opioid medications should be based on documented pain control and functional improvement in the absence of aberrant medication use or adverse side effects. However, the documentation does not show sufficient functional restoration to justify the continued use of opiates. Weaning of the opiate dose should be considered. Therefore, the request for Percocet 7.5/325mg #120 is not medically necessary.

**1 CT scan of the lumbar spine: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303. Decision based on Non-MTUS Citation The Official Disability Guidelines, Low Back- Lumbar and Thoracic (Acute and Chronic).

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-304. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) CT scan.

**Decision rationale:** The ACOEM guidelines note that evidence of neurologic compromise may warrant advanced imaging. The ODG state that a CT may be recommended if there is evidence of trauma, suspected fracture, or to evaluate a successful fusion. Although the patient reported an increase in pain on the 2/6/14 exam, her pain levels of 5/10 on VAS scale were consistent with prior examinations. The patients' functional status was also consistent with past exams. There was no evidence of any new trauma, new pathology, or any further neurological deficit. Therefore, the request for CT scan of the lumbar spine is not medically necessary.