

<b>Case Number:</b>	CM14-0068176		
<b>Date Assigned:</b>	08/06/2014	<b>Date of Injury:</b>	04/10/2007
<b>Decision Date:</b>	09/26/2014	<b>UR Denial Date:</b>	04/22/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/12/2014

### 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 Occupational 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:

The applicant is a represented [REDACTED] employee who has filed a claim for chronic low back and neck pain reportedly associated with an industrial injury of April 10, 2007. Thus far, the applicant has been treated with the following: Analgesic medications; attorney representation; topical compounds; opioid therapy; and transfer of care to and from various providers in various specialties. In a Utilization Review Report dated April 22, 2014, the claims administrator denied a request for topical LidoPro ointment, denied a request for Docuprene, a laxative, approved a request for omeprazole, denied a request for hydrocodone-acetaminophen, denied a lumbar support, denied cervical epidural steroid injection therapy, denied a lumbar corset, partially certified four sessions of acupuncture, and denied an orthopedic surgery consultation. The applicant's attorney subsequently appealed. In an applicant questionnaire seemingly dated May 12, 2014, the applicant acknowledged that she was not working. 6-8/10 low back, neck, and shoulder pain was noted. The applicant was using Norco, Docuprene, and Prilosec, she reported. The applicant denied any stomach pain but did report constipation, she stated. The applicant stated that she had last worked on April 10, 2007 and was still having issues with insomnia, despite ongoing medication consumption. In a March 13, 2014, progress note, the applicant reported 6-8/10 multifocal shoulder, neck, and low back pain. The applicant had difficulty performing various activities of daily living, including bending, she reported. The applicant had had an earlier cervical epidural steroid injection in April 2012, which the attending provider posited had generated analgesia for a year thereafter. The applicant was currently on Norco, Prilosec, and Docuprene. The attending provider stated that the applicant did have constipation with medications in question. A variety of treatments were endorsed, including Norco, Prilosec, Docuprene, LidoPro cream, a lumbar support, lumbar corset, acupuncture, repeat cervical epidural steroid injection, and a consultation with an

orthopedist. The attending provider stated that the applicant's ability to stand and walk had reportedly been ameliorated with medication consumption.

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

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

#### **Lidopro Topical Ointment 4 OZ #1: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment Page(s): 47, Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111.

**Decision rationale:** As noted in the MTUS-Adopted ACOEM Guidelines in Chapter 3, page 47, oral pharmaceuticals are a first-line palliative method. In this case, there is no evidence of intolerance to and/or failure of multiple classes of first-line oral pharmaceuticals so as to justify usage of what page 111 of the MTUS Chronic Pain Medical Treatment Guidelines deems "largely experimental" topical agents such as the LidoPro agent at issue here. Therefore, the request is not medically necessary.

#### **Docuprene 100mg #60: Overturned**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation  
<http://dailymed.nlm.nih.gov/dailymed/archives/fdadruginfo.cfm?archived=44316>.

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

**Decision rationale:** As noted on page 77 of the MTUS Chronic Pain Medical Treatment Guidelines, prophylactic initiation of treatment for constipation is indicated in applicants using opioids. In this case, the applicant is reporting actual symptoms of constipation, apparently opioid-induced. Usage of Docuprene is indicated to combat the same. Therefore, the request is medically necessary.

#### **Hydrocodone APAP 10/325mg #120: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines When to Continue Opioids Page(s): 80.

**Decision rationale:** As noted on page 80 of the MTUS Chronic Pain Medical Treatment Guidelines, the cardinal criteria for continuation of opioid therapy include evidence of successful

return to work, improved functioning, and/or reduced pain achieved as a result of the same. In this case, however, the applicant is off of work. The applicant last worked in April 2007, it is acknowledged. While the attending provider has reported some temporary decrements in pain with ongoing medication usage, including ongoing Norco usage, the attending provider has failed to outline any material improvements in function achieved as a result of ongoing hydrocodone-acetaminophen usage. The attending provider did report on March 13, 2014 that the applicant was having difficulty performing several activities of daily living, including those as basic as bending. A compelling case has not been established for continuation of opioid therapy with Norco. Therefore, the request is not medically necessary.

**Mesh Back Support Large: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines Low Back - Braces.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 301.

**Decision rationale:** As noted in the MTUS-Adopted ACOEM Guidelines in Chapter 12, page 301, lumbar supports have not been demonstrated to have any benefit outside of the acute phase of symptom relief. In this case, the applicant is quite clearly, well outside of the acute phase of symptom relief following an industrial injury of April 10, 2007. So, ongoing usage of a lumbar support/mesh support is not indicated at this late stage in the life of the claim. Therefore, the request is not medically necessary.

**Interlaminar epidural injections at C4-5 and C5-6: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injections Page(s): 46.

**Decision rationale:** The request in question represents a request for a repeat epidural injection. However, as noted on page 46 of the MTUS Chronic Pain Medical Treatment Guidelines, pursuit of repeat epidural injection should be predicated on evidence of lasting analgesia and functional improvement with earlier blocks. In this case, however, the applicant has failed to demonstrate any lasting benefit or functional improvement through earlier blocks. The applicant remains off of work. The applicant remains highly reliant and highly dependent on opioid agents such as Norco. All of the above, taken together, suggest a lack of functional improvement as defined in MTUS 9792.20f, despite at least one earlier cervical epidural steroid injection. Therefore, the request is not medically necessary.

**Acupuncture 2 times a week for 4 weeks for low back: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Acupuncture Treatment Guidelines.

**Decision rationale:** As noted in MTUS 9792.24.1.c.1, the time deemed necessary to produce functional improvement following introduction of acupuncture is "three to six treatments." The request, thus, as written, represents treatment in excess of MTUS parameters. No rationale for treatment at a rate, frequency, and overall amount in excess of that suggested in MTUS 9792.24.1.c.1 was proffered by the attending provider. Therefore, the request is not medically necessary.

**Orthopedist consult:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Consult Acute and Chronic Office visits.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints, Chapter 12 Low Back Complaints Page(s): 180, 306.

**Decision rationale:** The applicant's primary pain generators are the cervical and lumbar spines. However, as noted in the MTUS-Adopted ACOEM Guidelines in Chapter 8, page 180, and the MTUS-Adopted ACOEM Guidelines in Chapter 12, page 306, applicants without findings of serious conditions or significant nerve root compromise "rarely benefit" from either surgical consultation or surgery. In this case, there is no indication that the applicant is actively considering or contemplating any kind of surgery involving either the cervical spine or lumbar spine. There is no evidence that the applicant is a surgical candidate insofar as either body part is concerned. Therefore, the proposed orthopedist consultation is not medically necessary.

**Lumbosacral corset:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303. Decision based on Non-MTUS Citation Official Disability Guidelines Low Back Braces.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 301.

**Decision rationale:** As noted in the MTUS-Adopted ACOEM Guidelines in Chapter 12, page 301, lumbar supports have not been shown to have any benefit outside of the acute phase of symptom relief. In this case, the applicant is, quite clearly, well outside of the acute phase of symptom relief following an industrial injury of April 10, 2007. Ongoing usage of a lumbar support is not indicated at this late stage in the life of the claim. Therefore, the request is not medically necessary.