

<b>Case Number:</b>	CM14-0086989		
<b>Date Assigned:</b>	07/28/2014	<b>Date of Injury:</b>	05/19/2004
<b>Decision Date:</b>	09/09/2014	<b>UR Denial Date:</b>	06/03/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/10/2014

### 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 Orthopaedic Surgery, 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:

This 52-year-old male sustained an industrial injury on 5/19/04. The mechanism of injury was not documented. He underwent a multilevel lumbar decompressive surgery at L4-S1 in 2006. Records indicated that patient had progressively worsening low back pain with bilateral L5 radiculopathy and documented falls due to leg weakness. There were vague complaints of bladder dysfunction. Conservative treatment included pool therapy and acupuncture, with good benefit to acupuncture. Medications included Avinza, Nucynta, Cymbalta, Docusate, Lidoderm patches, Lyrica, Norco, Pennsaid, and Prilosec. Medications reportedly decreased pain from 9/10 to 5/10 and allowed for improved function and mood. The 6/3/14 utilization review modified the request for Nucynta 50 mg #120 to #60 to allow for weaning as there was no documentation of medical necessity to support a second-line opioid analgesic in addition to Norco. The request for Lidoderm patches was denied as the patient is currently using Lyrica with benefit. The request for Pennsaid lotion was denied as there was no evidence that oral non-steroidal anti-inflammatory drugs (NSAIDs) had failed or were not tolerated. Prilosec was denied as there was no documentation of gastrointestinal symptoms. The 7/9/14 treating physician progress report cited low back pain radiating down the posterior lower extremities into the bottom of both feet. There was anterior leg pain, numbness and tingling in both legs and feet, lower extremity weakness and cramps, and low back spasms. He reported a feeling that his legs would give way and falls were reported. He was unable to walk more than 1 to 2 blocks. He also reported neck pain radiating to both arms with numbness, tingling, and hand cramping. He had been dropping things and was clumsy with the use of his hands. Objective findings documented antalgic gait, marked loss of lumbar range of motion, thoracolumbar tenderness, and normal lower extremity strength. Tenderness was reported over the paralumbar musculature, sacroiliac joint, and sciatic notch bilaterally. There was decreased sensation over the medial and lateral left leg. Lower

extremity reflexes are reported trace bilaterally. MRI scan showed multilevel lumbar disc degeneration and broad-based disc bulges. Medications included Ibuprofen 400 mg every 6 hours as needed.

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

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

**Nucynta 50mg Qty. 120: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 76-80, 91. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (Chronic) Tapentadol.

**Decision rationale:** The Official Disability Guidelines recommend Nucynta as second-line therapy for patients who develop intolerable adverse effects with first-line opioids. Guideline criteria have not been met in this case. The patient is currently using Norco, a first line opioid, with no indication that this is not beneficial or not tolerated. The 6/3/14 utilization review modified the request for Nucynta 50 mg #120 to #60 to allow for weaning. There is no compelling reason to support the medical necessity of additional Nucynta. Therefore, this request is not medically necessary.

**Lidoderm 5% patch #30: 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): 111-113.

**Decision rationale:** MTUS Guidelines indicate that Lidoderm patches may be recommended for localized peripheral pain after evidence of a trial of first-line neuropathic therapy (tri-cyclic or SNRI anti-depressants or an AED such as Gabapentin or Lyrica). Guideline criteria has not been met in this case. The patient is currently prescribed Lyrica with benefit documented. There is no compelling reason to support the medical necessity of Lidoderm patches in addition to Lyrica. Therefore, this request is not medically necessary.

**Pennsaid 1.5% solution - 2 bottles: Upheld**

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

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee and Leg, Pennsaid.

**Decision rationale:** The Official Disability Guidelines state that Pennsaid is not recommended as a first-line treatment. It is recommended for osteoarthritis after a failure of an oral non-steroidal anti-inflammatory drug (NSAID) or contraindications to oral NSAIDs. Pennsaid is FDA-approved in a 1.5% formulation for the treatment of signs and symptoms of osteoarthritis of the knee. Guideline criteria has not been met in this case. There is no evidence in the available records that the oral NSAIDs had failed or were not tolerated. There is no documentation that the patient has been diagnosed with osteoarthritis of the knee. Therefore, this request is not medically necessary.

**Prilosec 20mg. Qty. 30:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk Page(s): 68-69.

**Decision rationale:** MTUS Guidelines recommend the use of proton pump inhibitors (PPIs), such as Prilosec, for patients at risk for gastrointestinal events. Risk factors include age greater than 65 years, history of peptic ulcer, gastrointestinal bleeding or perforation, concurrent use of ASA, corticosteroids, and/or an anticoagulant, or high dose/multiple NSAID. PPIs are reported highly effective for their approved indications, including preventing gastric ulcers induced by NSAIDs. Guideline criteria for intermediate gastrointestinal risk factors has not been met in this case. Records indicate that the patient was prescribed low dose Ibuprofen. There is no documentation of any gastrointestinal events or complaints to support the medical necessity of this medication. Therefore, this request is not medically necessary.