

<b>Case Number:</b>	CM14-0092230		
<b>Date Assigned:</b>	08/08/2014	<b>Date of Injury:</b>	01/07/2013
<b>Decision Date:</b>	09/30/2014	<b>UR Denial Date:</b>	06/06/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/18/2014

### 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 53-year-old male who reported injuries after falling from a stairway on the third floor to a second floor landing below on 01/07/2013. On 12/18/2013, his diagnoses included chronic low back pain due to degenerative lumbar spondylosis, chronic low back pain due to myofascial pain syndrome, post concussion syndrome due to concussion injury, chronic headache pain due to post concussion syndrome, chronic neck pain due to degenerative cervical spondylosis, and pain disorder with psychological/general medical condition. His medications included Norco 10/325 mg, Lidoderm patches with no dosage noted, Lyrica 25 mg, Norvasc 2.5 mg, and Lunesta 3 mg. Among the issues addressed during that visit were low testosterone which needed replacement due to chronic opioid use, and, a behavioral medicine evaluation and treatment for affective pain. On 12/22/2013, he had a psychological evaluation. His psychiatric diagnoses included major depressive disorder, post concussion syndrome, pain disorder associated with psychological factors and a general medical condition, avoidant personality features, with moderate psychosocial stressors including vocational disability, fatigue, social isolation, and chronic pain. The recommendations were for 2 different types of antidepressants and cognitive behavioral therapy. On 01/13/2014, the primary treating physician noted that this worker had not yet completed a behavioral medicine course and was asking for that to be approved. There is no indication that the psychologist's recommendations for 2 different types of antidepressant medications were added to his medication regimen. On 03/27/2014, the same observations were made regarding the antidepressants and at that time he had completed 4 of the 6 authorized cognitive behavioral sessions. On 04/11/2014, there were handwritten notes stating that this worker needed a lumbar ESI and medications including Norvasc for headaches and testosterone to decrease depression. From that record, it was noted that the AndroGel 1.62% was started on 04/05/2014. Regarding the orthopedic consult for the right knee, on 04/11/2014, there was a

directive to the worker which stated "if you have an injury that may require surgery, it is usually not necessary to have the operation immediately. Before making any decision, consider the pros and cons of both nonsurgical rehabilitation and surgical reconstruction in relation to what's important to you. If you choose to have surgery, your options may include arthroscopic surgery or total knee replacement". A progress note from 05/07/2014 stated that requests for authorization were needed for consultation for the ESI, an orthopedic surgical evaluation of the right knee, AndroGel 1.62%, Lyrica with no dosage noted, Wellbutrin 150 mg SR, Lunesta 2 mg, and Norco with no dosage noted. It was noted that he had tried and failed Lidoderm patches due to not receiving any benefit from them. On 05/04/2014, there was a Request for Authorization which included the AndroGel, Lyrica, Wellbutrin, Lunesta, Norco, Norvasc, and lumbar ESI consult. There was no Request for Authorization for the remaining requests.

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

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

**Epidural consult:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management Page(s): 77- 89.

**Decision rationale:** The request for epidural consult is not medically necessary. The California ACOEM Guidelines suggest that under the optimal system, the clinician acts as the primary case manager. The clinician provides appropriate medical evaluation and treatment and adheres to a conservative evidence-based treatment approach that limits excessive physical medicine usage and referral. The clinician should judiciously select and refer to specialists who will support functional recovery as well as provide expert medical recommendations. The submitted documentation did not contain any imaging or electrodiagnostic testing which indicated a need for epidural steroid injections. The need for an epidural consult was not clearly demonstrated in the submitted documentation. Therefore, this request for epidural consult is not medically necessary.

**Ortho consult for right knee:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management Page(s): 77-89.

**Decision rationale:** The request for ortho consult for the right knee was not medically necessary. The California ACOEM Guidelines recommend that under the optimal system, the clinician acts as the primary case manager. The clinician provides appropriate medical evaluation and treatment and adheres to a conservative evidence-based treatment approach that limits excessive physical medicine usage and referral. The clinician should judiciously select and refer to specialists who will support functional recovery as well as provide expert medical

recommendations. This worker does not have a diagnosis relating to his right knee. He was instructed to consider conservative treatment and surgical options, but there was no indication that he had responded to those instructions. The need for an ortho consult for the right knee was not clearly demonstrated in the submitted documentation. Therefore, this request for ortho consult for right knee is not medically necessary.

**Behavioral health consult:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Psychological Evaluation/treatment.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management Page(s): 77- 89.

**Decision rationale:** The request for behavioral health consult is not medically necessary. The California ACOEM Guidelines recommend that under the optimal system, the clinician acts as the primary case manager. The clinician provides appropriate medical evaluation and treatment and adheres to a conservative evidence-based treatment approach that limits excessive physical medicine usage and referral. The clinician should judiciously select and refer to specialists who will support functional recovery as well as provide expert medical recommendations. This worker had a complete psychological evaluation on 12/22/2013 and was involved in cognitive behavioral therapy. The behavioral health consultation appears to be a redundancy. The need for behavioral health consult was not clearly demonstrated in the submitted documentation. Therefore, this request for behavioral health consult is not medically necessary.

**Norco 10/325 mg:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 74-95.

**Decision rationale:** The request for Norco 10/325 mg is not medically necessary. The California MTUS Guidelines recommend ongoing review of opioid use including documentation of pain relief, functional status, appropriate medication use, and side effects. It should include current pain, intensity of pain before and after taking the opioid, how long it takes for pain relief, and how long the pain relief lasts. Satisfactory response to treatment may be indicated by decreased pain, increased level of function, or improved quality of life. Information from family members or other caregivers should be considered in determining the patient's response to treatment. For chronic back pain, opioids appear to be efficacious but limited for short term pain relief. In most cases, analgesic treatment should begin with acetaminophen, aspirin, NSAIDs, and/or anticonvulsants. When these drugs do not satisfactorily reduce pain, opioids for moderate to moderately severe may be added to, but not substituted for, the less efficacious drugs. Long term use may result in immunological or endocrine problems. The submitted documentation revealed that this worker has been using Norco since 11/27/2013, which exceeds the

recommendations in the Guidelines for short term pain relief. Furthermore, there was no documentation in the submitted chart regarding appropriate long term monitoring/evaluations, including side effects; failed trials of NSAIDs, aspirin, or anticonvulsants; quantified efficacy; or collateral contacts. Additionally, there was no quantity or frequency specified in the request. Therefore, this request for Norco 10/325 mg is not medically necessary.

**Lidoderm patch:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical analgesics. Decision based on Non-MTUS Citation Official Disability Guidelines, Lidoderm patch.

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

**Decision rationale:** The request for Lidoderm patch is not medically necessary. The California MTUS Guidelines refer to topical analgesics as largely experimental with few randomized controlled trials to determine efficacy or safety. They are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Lidocaine is recommended for localized peripheral pain after there has been evidence of failed trials of first line therapy including tricyclic or SNRI antidepressants or an antiepileptic medication such as gabapentin or Lyrica. The only form of FDA approved topical application of lidocaine is the 5% transdermal patch for neuropathic pain. Further research is needed to recommend this treatment for chronic neuropathic pain disorders other than postherpetic neuralgia. It was noted on 04/11/2014 that this worker had tried and failed Lidoderm patches because they yielded no benefit for him. Additionally, the request did not specify the strength of the patch, the number of patches ordered, the body part or parts to be treated or a frequency of application. Therefore, this request for Lidoderm patch is not medically necessary.

**Lyrica 20 mg:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Anti-epilepsy drugs, Lyrica.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Antiepilepsy drugs (AEDs) Page(s): 16-22.

**Decision rationale:** The request for Lyrica 20 mg is not medically necessary. The California MTUS Guidelines recommend antiepilepsy drugs for neuropathic pain and most randomized controlled trials for the use of this class of medication have been directed at postherpetic neuralgia and painful polyneuropathy, with diabetic polyneuropathy being the most common example. Good response to the use of antiepileptic medications has been defined as a 50% reduction in pain and a moderate response is a 30% reduction. During treatment, there should be documentation of pain relief and improvement in function as well as documentation of side effects incurred with their use. There was no documentation submitted in this worker's chart of quantified pain relief, improvements in function, or side effects. Lyrica has been documented to

be effective in treatment of diabetic neuropathy and postherpetic neuralgia, has FDA approval for both indications, and is considered a first line treatment for both. There is no indication that this worker has a diagnosis of diabetic neuropathy or postherpetic neuralgia. Additionally, this request did not specify a quantity of the medication nor frequency of administration. Therefore, this request for Lyrica 20 mg is not medically necessary.

**Norvasc 2.5 mg:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation National Institute of Health.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Rxlist.com.

**Decision rationale:** The request for Norvasc 2.5 mg is not medically necessary. Per RxList.com, Norvasc is a calcium channel blocker and is indicated for the treatment of hypertension, to lower blood pressure. Lowering blood pressure reduces the risk of fatal and nonfatal cardiovascular events, primarily strokes and myocardial infarctions. There is no indication from the submitted documentation that this worker had any cardiovascular risk factors. The use of an antihypertensive medication such as Norvasc to reduce headaches when there is a diagnosis of postconcussion is not supported by the Guidelines. Additionally, the request did not include a quantity or frequency of administration. Therefore, this request for Norvasc 2.5 mg is not medically necessary.

**Lunesta 2 mg:** Upheld

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

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Mental & Stress, Insomnia treatment.

**Decision rationale:** The request for Lunesta 2 mg is not medically necessary. The Official Disability Guidelines recommend that treatment for insomnia be based on the etiology. Pharmacological agents should only be used after careful evaluation of potential causes of sleep disturbance. Failure of sleep disturbance to resolve in a 7 to 10 day period may indicate a psychiatric and/or medical illness. Specific components of insomnia should be addressed including sleep onset, sleep maintenance, sleep quality, and next day functioning. Lunesta is a nonbenzodiazepine sedative hypnotic, and has demonstrated reduced sleep latency and sleep maintenance. It is the only benzodiazepine receptor agonist FDA approved for use longer than 35 days. In the psychological evaluation of 12/22/2013, the recommendation was for a tricyclic antidepressant such as Elavil or trazodone to improve this worker's sleep despite his having used Lunesta. Additionally, the request did not include a quantity or frequency of administration. Therefore, this request for Lunesta 2 mg is not medically necessary.

### **Wellbutrin 150 mg:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Mental Illness and Stress Chapter.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Antidepressants for chronic pain Bupropion (Wellbutrin) Page(s): 13-16; 27.

**Decision rationale:** The request for Wellbutrin 150 mg is not medically necessary. The California MTUS Guidelines recommend antidepressants as a first line option for neuropathic pain and as a possibility for non-neuropathic pain. Assessment of their efficacy should include not only pain outcomes, but also an evaluation of function, changes in use of other analgesic medication, sleep quality and duration, and psychological status. Side effects including excessive sedation should also be assessed. Long term effectiveness of antidepressants for pain relief has not been established. Wellbutrin, a second generation nontricyclic antidepressant, has been recommended as an option after other agents. While Wellbutrin has shown some efficacy in neuropathic pain, there is no evidence of efficacy in patients with non-neuropathic pain. The clinical information submitted failed to meet the evidence-based guidelines for the use of Wellbutrin for pain relief. Additionally, the request did not specify a quantity or the frequency of administration. Therefore, this request for Wellbutrin 150 mg is not medically necessary.

### **AndroGel 1.62%:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Testosterone replacement for hypogonadism (related to opioids) Page(s): 110.

**Decision rationale:** The request for AndroGel 1.62% is not medically necessary. The California MTUS Guidelines recommend testosterone replacement for hypogonadism in limited circumstances for patients taking high dose, long term opioids with documented low testosterone levels. Routine testing of testosterone levels in men taking opioids is not recommended; however, an endocrine evaluation and/or testosterone level should be considered in men who are taking long term high dose oral opioids and who exhibit symptoms or signs of hypogonadism such as gynecomastia. This worker's dose of opioids is not considered a high dose and there was no documentation that he was exhibiting signs of hypogonadism such as gynecomastia. Additionally, the request did not specify a quantity or frequency of application. Therefore, this request for AndroGel 1.62% is not medically necessary.