

<b>Case Number:</b>	CM14-0182682		
<b>Date Assigned:</b>	11/10/2014	<b>Date of Injury:</b>	02/21/2003
<b>Decision Date:</b>	05/01/2015	<b>UR Denial Date:</b>	10/24/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/03/2014

### 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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: Texas, Florida, California

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

### 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 40 year old male, who sustained an industrial injury on 02/21/2003. The documentation provided reported sacroiliac joint injury secondary to an industrial motor vehicle accident. The injured worker was diagnosed as having chronic lumbosacral spinal pain with lumbar five to sacral one annular tears and facet capsular tears, lumbar discopathy, and degenerative disc disease. Treatment to date has included magnetic resonance imaging of the lumbar sacral spine, medication regimen, and sleep study. In a progress note dated 09/30/2014 the treating provider reports complaints of aching, burning, stabbing, shooting, stiffness, soreness, pressure pain along with spasms and tenderness to the low back pain. The pain was noted to radiate to the left leg along with weakness to the right and left leg. The pain was rated a three on the scale of one to ten. The treating physician requested Neurontin 600mg 2 tablets by mouth three times a day with a quantity of 180 with 4 refills, Simvastatin 80mg daily, Prilosec 20mg enteric coated 1 by mouth daily, Nifedipine 60mg daily, Lisinopril 40mg tablet daily, Lidoderm 5% adhesive patch with one patch 12 hours on and 12 hours off, Flonase 50mcg to be use as directed, Butrans patch 5mcg/hour with application of one patch to arm for 7 days with a quantity of 4, Provigil 200mg tablet 1 tablet by mouth daily with a quantity of 30 with 4 refills, Norco 10/325mg 1 tablet by mouth every four hours with a quantity of 190, Methocarbamol 500mg tablet 1 by mouth every six hours with four refills noting that these medications benefited the injured worker by increasing his functional capacity, decreasing the pain, and increasing the ability for the injured worker to perform activities of daily living. The treating physician also

requested sacroiliac joint injections to the right side but did not indicate the specific reason for requesting this treatment.

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

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

**Neurontin 600mg tablet 2 by mouth TID, #180 + 4 refills: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 18-19. Decision based on Non-MTUS Citation Physicians Desk Reference (PDR) and Official Disability Guidelines (ODG).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26 MTUS (Effective July 18, 2009) Page(s): 16 of 127 and page 19 of 127.

**Decision rationale:** The MTUS notes that anti-epilepsy drugs (AEDs) like Gabapentin (brand name, Neurontin) are also referred to as anti-convulsants, and are recommended for neuropathic pain (pain due to nerve damage). However, there is a lack of expert consensus on the treatment of neuropathic pain in general due to heterogeneous etiologies, symptoms, physical signs and mechanisms. It is not clear in this case what the neuropathic pain generator is, and why therefore that Gabapentin is essential. Neurontin has been shown to be effective for treatment of diabetic painful neuropathy and postherpetic neuralgia and has been considered as a first-line treatment for neuropathic pain. This claimant however has neither of those conditions. Moreover, I do not see documentation of objective, functional improvement out of the use of the Neurontin. The MTUS sets a high bar for effectiveness of continued or ongoing medical care in 9792.24.1. With this proposed treatment, there is no clinically significant improvement in activities of daily living or a reduction in work restrictions as measured during the history and physical examination, or a reduction in the dependency on continued medical treatment. Therefore, MTUS criteria are not met to continue the Neurontin. The request is appropriately not medically necessary under the MTUS evidence-based criteria.

**Simvastatin 80mg Q day: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Physicians Desk Reference (PDR).

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

**Decision rationale:** The MTUS and ODG do not address cholesterol lowering medicines. Per the Physician Desk Reference, Simvastatin is used to treat hypercholesterolemia and mixed dyslipidemia. In this case, there is no documentation of what benefit the claimant has received from the medicine, and why it should be continued. There were no serial lipid studies to show benefit. Further, there is no discussion of adverse side effects. This medicine is appropriately not medically necessary.

**Prilosec 20mg enteric coated 1 by mouth Q day: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26 Page(s): 68 of 127.

**Decision rationale:** The MTUS speaks to the use of Proton Pump Inhibitors like in this case in the context of Non Steroid Anti-inflammatory Prescription. It notes that clinicians should weigh the indications for NSAIDs against gastrointestinal risk factors such as: (1) age > 65 years; (2) history of peptic ulcer, GI bleeding or perforation; (3) concurrent use of ASA, corticosteroids, and/or an anticoagulant; or (4) high dose/multiple NSAID (e.g., NSAID + low-dose ASA). Sufficient gastrointestinal risks are not noted in these records. The request is appropriately not medically necessary based on MTUS guideline review.

**Nifedipine 60mg Q day: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation [www.drugs.com/pro/nifedipine-capsules.html](http://www.drugs.com/pro/nifedipine-capsules.html).

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Physician Desk Reference, under Nifedipine.

**Decision rationale:** The MTUS and ODG are silent in regards to cardiac agents like Nifedipine. Per the Physician Desk Reference, Nifedipine is a medicine for high blood pressure and angina. There are no definitive notes documenting in full these conditions. Moreover, in this case, the doctor attests these medicines would help him improve his overall function, but given hypertension is clinically often silent without signs or symptoms, and the lack of information regarding angina, it is not established that overall function would be improved. The request is appropriately not medically necessary for injury care.

**Lisinopril 40mg tablet Q day: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation [www.drugs.com/ppa/lisinopril-hydrochlorothiazide.html](http://www.drugs.com/ppa/lisinopril-hydrochlorothiazide.html).

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Physician Desk Reference, under Lisinopril.

**Decision rationale:** The MTUS and ODG are silent in regards to antihypertensive medicines. Per the Physician Desk Reference, Lisinopril is a medicine for high blood pressure. In this case, the doctor attests these medicines would help him improve his overall function, but as shared previously, given hypertension is clinically often silent without signs or symptoms, it is

not established that overall function would be improved. The request is appropriately not medically necessary for injury care.

**Lidoderm 5% adhesive patch; 1 patch 12 hours on and 12 hours off:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 56-57. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26 MTUS (Effective July 18, 2009) Page(s): 56 of 127.

**Decision rationale:** Lidoderm is the brand name for a lidocaine patch produced by [REDACTED]. Topical lidocaine may be recommended for localized peripheral pain after there has been evidence of a trial of first-line therapy (tri-cyclic or SNRI anti-depressants or an AED such as gabapentin or Lyrica). This is not a first-line treatment and is only FDA approved for post-herpetic neuralgia. It is not clear the patient had forms of neuralgia, and that other agents had been first used and exhausted. The MTUS notes that further research is needed to recommend this treatment for chronic neuropathic pain disorders other than post-herpetic neuralgia. The request was appropriately not medically necessary under MTUS.

**Flonase 50mcg use as directed:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation [www.drugs.com/pro/flonase.html](http://www.drugs.com/pro/flonase.html).

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Physician Desk Reference, under Flonase.

**Decision rationale:** The MTUS and ODG are silent in regards to nasal allergy medicines. Per the Physician Desk Reference, Flonase is a medicine for allergies. The steroid inhaler stabilizes the cell membranes, reducing the amount of histamines secreted. In this case, the doctor attests these medicines would help him improve his overall function, but how it would aid his objective physical function that was impaired by the injury is not clear. I am not able to agree that the treating doctor's assumption is correct. The request is appropriately not medically necessary for injury care.

**Butran patch 5mg/hour patch apply one patch to arm for 7 days #4:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation [www.drugs.com/pro/butrans-patch.html](http://www.drugs.com/pro/butrans-patch.html).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26 MTUS (Effective July 18, 2009) Page(s): 27 of 127.

**Decision rationale:** The MTUS notes this medicine is recommended for treatment of opiate addiction. Also recommended as an option for chronic pain, especially after detoxification in

patients who have a history of opiate addiction. In this case, there is no information of opiate addiction, or it is being used post detoxification. The request does not meet MTUS criteria for the use of this special opiate medication, and it was appropriately not medically necessary.

**Provigil 200mg tablet 1 PO Q day #30 + 4 refills: Upheld**

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

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Head chapter, under Provigil and Other Medical Treatment Guidelines Physician Desk Reference, under Provigil.

**Decision rationale:** The ODG only simply notes: Use with caution to help decrease daytime sleepiness caused by sleep apnea in brain injury. Per the Physician Desk Reference, Provigil, or modafinil is used for obstructive sleep apnea/hypopnea syndrome, shift work disorder, and fatigue related to multiple sclerosis. A sleep study was done, but the outcomes are not known. The explicit objective benefit in improving function also is not known. Further it is not evidence the criterion of brain injury is met. The MTUS sets a high bar for effectiveness of continued or ongoing medical care in 9792.24.1. With this proposed treatment, there is no clinically significant improvement in activities of daily living or a reduction in work restrictions as measured during the history and physical examination, or a reduction in the dependency on continued medical treatment. The medicine is appropriately not medically necessary.

**Norco 10/325mg 1 tablet by mouth Q 4 hours #190: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 79-80, 81. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26 Page(s): 88 of 127.

**Decision rationale:** In regards to the long term use of opiates, the MTUS poses several analytical questions such as has the diagnosis changed, what other medications is the patient taking, are they effective, producing side effects, what treatments have been attempted since the use of opioids, and what is the documentation of pain and functional improvement and compare to baseline. These are important issues, and they have not been addressed in this case. There especially is no documentation of functional improvement with the regimen. The request for long-term opiate usage is not medically necessary per MTUS guideline review.

**Methocarbamol 500mg tablet 1 by mouth every 6 hours + 4 refills: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 63. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 ? 9792.26 MTUS (Effective July 18, 2009) Page(s): 65 of 127.

**Decision rationale:** Methocarbamol (Robaxin, Relaxin, generic available): The mechanism of action is unknown, but appears to be related to central nervous system depressant effects with related sedative properties. This drug was approved by the FDA in 1957. The MTUS recommends non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic LBP. (Chou, 2007) (Mens, 2005) (Van Tulder, 1998) (van Tulder, 2003) (van Tulder, 2006) (Schnitzer, 2004) (See, 2008) 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. Also 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. (Homik, 2004). In this claimant's case, there is no firm documentation of acute spasm that might benefit from the relaxant, or that its use is short term. Moreover, given there is no benefit over NSAIDs, it is not clear why over the counter NSAID medicine would not be sufficient. The request was appropriately not medically necessary under MTUS criteria.

**SI joint injections with [REDACTED] right sided:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Hip section, under sacroiliac injections.

**Decision rationale:** The current California web-based MTUS collection was reviewed in addressing this request. The guidelines are silent in regards to this request. Therefore, in accordance with state regulation, other evidence-based or mainstream peer-reviewed guidelines will be examined. The ODG notes for Sacroiliac Injections: 1. The history and physical should suggest the diagnosis (with documentation of at least 3 positive exam findings: Cranial Shear Test; Extension Test; Flamingo Test; Fortin Finger Test; Gaenslen's Test; Gillet's Test (One Legged-Stork Test); Patrick's Test (FABER); Pelvic Compression Test; Pelvic Distraction Test; Pelvic Rock Test; Resisted Abduction Test (REAB); Sacroiliac Shear Test; Standing Flexion Test; Seated Flexion Test; Thigh Thrust Test (POSH). Imaging studies are not helpful. 2. Diagnostic evaluation must first address any other possible pain generators. 3. The patient has had and failed at least 4-6 weeks of aggressive conservative therapy including PT, home exercise and medication management. In this case, there was no physical examination confirming at least three (3) sacroiliac joint signs. The back pain the claimant relates has a non-specific pattern, not clearly referable to the sacroiliac joints. The request is appropriately not medically necessary.