

<b>Case Number:</b>	CM14-0190639		
<b>Date Assigned:</b>	11/24/2014	<b>Date of Injury:</b>	01/08/2011
<b>Decision Date:</b>	01/09/2015	<b>UR Denial Date:</b>	10/16/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/14/2014

### 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 Family 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:

This is a 42 year old female patient who sustained a work related injury on 1/8/11. Patient sustained the injury due to a slip and falls incident. The current diagnoses include post lumbar laminectomy syndrome, spinal and lumbar degenerative disc disease and lumbar radiculopathy. Per the doctor's note dated 10/6/14, patient has complaints of back pain radiating from the low back down both legs and lower backache. Physical examination revealed antalgic gait, tenderness on palpation and trigger point over paravertebral muscles, straight leg raising test was positive on the left side in sitting at 80 degrees, motor strength of extensor hallucis longus, ankle dorsi flexors, knee extensors, knee flexors, and hip flexors was 4/5 on both sides, ankle plantar flexors was 5/5 on both sides, light touch sensation was decreased over lateral thigh on the left side, dysesthesias were present over lateral thigh on the left side. The current medication lists include Amitriptyline, Ambien, Norco, Celebrex, Oxycontin, Cymbalta and Lidoderm patch. Diagnostic imaging reports were not specified in the records provided. The patient had received Bilateral L5 selective nerve root transforaminal epidural steroid on 07/23/02; bilateral transforaminal left L5 epidural steroid injection on 03/13/07 and 02/19/08; transforaminal left L5 epidural steroid injection on 09/16/08; spinal cord stimulator (SCS) electrode placement on 12/10/10; posterior lumbar exploration of lumbar fusion L5-S1, lumbar decompression, medial facetectomy and release of nerve roots L5-S1 bilaterally, removal of retained hardware on 03/29/11; left sacroiliac joint steroid injection on 06/05/12 and 06/18/12; left sacroiliac joint arthrodesis on 09/18/12 and replacement of rechargeable implantable pulse generator (IPG) on 05/28/13; SCS IPG replacement on 08/26/14. The past medical history includes right knee surgery for meniscal tear x 3 in 1997, 1998 and 1999. Any operative/ or procedure note was not specified in the records provided. The patient has received an unspecified number of the PT visits for this injury.

## IMR ISSUES, DECISIONS AND RATIONALES

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

### **Lidoderm 5% Patch #30, as prescribed on 10/6/14: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 56-57, 111-112.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics, Lidoderm (lidocaine patch) Page(s): 56-57.

**Decision rationale:** According to the MTUS Chronic Pain Guidelines regarding topical analgesics state that the use of topical analgesics is "Largely experimental in use with few randomized controlled trials to determine efficacy or safety, primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed.... There is little to no research to support the use of many of these agents." According to the MTUS Chronic Pain Guidelines "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." MTUS guidelines recommend topical analgesics for neuropathic pain only when trials of antidepressants and anticonvulsants have failed to relieve symptoms. A trial of anticonvulsants for these symptoms was not specified in the records provided. Intolerance or contraindication to oral medications is not specified in the records provided. Any evidence of post-herpetic neuralgia is not specified in the records provided. The medication Lidoderm 5% Patch #30, as prescribed on 10/6/14 is not fully established .

### **Norco 10/325mg #120, as prescribed on 10/6/14: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 91.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines CRITERIA FOR USE OF OPIOIDSTherapeutic Trial of Opioids Page(s): 76-80.

**Decision rationale:** Norco contains Hydrocodone with APAP which is an opioid analgesic in combination with acetaminophen. According to CA MTUS guidelines cited below, "A therapeutic trial of opioids should not be employed until the patient has failed a trial of non-opioid analgesics. Before initiating therapy, the patient should set goals, and the continued use of opioids should be contingent on meeting these goals." The records provided do not specify that patient has set goals regarding the use of opioid analgesic. A treatment failure with non-opioid analgesics is not specified in the records provided. Other criteria for ongoing management of opioids are: "The lowest possible dose should be prescribed to improve pain and function. Continuing review of the overall situation with regard to nonopioid means of pain control. Ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Consider the use of a urine drug screen to assess for the use or the presence of

illegal drugs."The records provided do not provide a documentation of response in regards to pain control and functional improvement to opioid analgesic for this patient. The continued review of overall situation with regard to nonopioid means of pain control is not documented in the records provided. As recommended by MTUS a documentation of pain relief, functional status, appropriate medication use, and side effects should be maintained for ongoing management of opioid analgesic, these are not specified in the records provided. MTUS guidelines also recommend urine drug screen to assess for the use or the presence of illegal drugs in patients using opioids for long term. A recent urine drug screen report is not specified in the records provided. Whether improvement in pain translated into objective functional improvement including ability to work is not specified in the records provided With this, it is deemed that, this patient does not meet criteria for ongoing continued use of opioids analgesic. The medical necessity of Norco 10/325mg #120, as prescribed on 10/6/14 is not established for this patient.

**Oxycontin 20mg #60, as prescribed on 10/6/14: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 92.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines CRITERIA FOR USE OF OPIOIDSTherapeutic Trial of Opioids Page(s): 76-80.

**Decision rationale:** Oxycontin is an opioid analgesicAccording to CA MTUS guidelines cited below, "A therapeutic trial of opioids should not be employed until the patient has failed a trial of non-opioid analgesics. Before initiating therapy, the patient should set goals, and the continued use of opioids should be contingent on meeting these goals." The records provided do not specify that patient has set goals regarding the use of opioid analgesic. A treatment failure with non-opioid analgesics is not specified in the records provided. Other criteria for ongoing management of opioids are: "The lowest possible dose should be prescribed to improve pain and function. Continuing review of the overall situation with regard to nonopioid means of pain control. Ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Consider the use of a urine drug screen to assess for the use or the presence of illegal drugs."The records provided do not provide a documentation of response in regards to pain control and functional improvement to opioid analgesic for this patient. The continued review of overall situation with regard to nonopioid means of pain control is not documented in the records provided. As recommended by MTUS a documentation of pain relief, functional status, appropriate medication use, and side effects should be maintained for ongoing management of opioid analgesic, these are not specified in the records provided. MTUS guidelines also recommend urine drug screen to assess for the use or the presence of illegal drugs in patients using opioids for long term. A recent urine drug screen report is not specified in the records provided. Whether improvement in pain translated into objective functional improvement including ability to work is not specified in the records provided With this, it is deemed that, this patient does not meet criteria for ongoing continued use of opioids analgesic. The medical necessity of Oxycontin 20mg #60, as prescribed on 10/6/14 is not established for this patient.

**Celebrex 200mg #60, as prescribed on 10/6/14: Overturned**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory drugs) Page(s): 67-68-70.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Anti-inflammatory medications, Celebrex Page(s): 22, 30.

**Decision rationale:** Celebrex contains Celecoxib which is a non steroidal anti-inflammatory drug (NSAID) that is a COX-2 selective inhibitor, a drug that directly targets COX-2, an enzyme responsible for inflammation and pain. According to CA MTUS chronic pain medical treatment guidelines "Antiinflammatories are the traditional first line of treatment, to reduce pain so activity and functional restoration can resume, but long-term use may not be warranted. (Van Tulder-Cochrane, 2000) A comprehensive review of clinical trials on the efficacy and safety of drugs for the treatment of low back pain concludes that available evidence supports the effectiveness of non-selective non steroidal anti-inflammatory drugs (NSAIDs) in chronic LBP and of antidepressants in chronic LBP. (Schnitzer, 2004) COX-2 inhibitors (e.g., Celebrex) may be considered if the patient has a risk of GI complications, but not for the majority of patients. Generic NSAIDs and COX-2 inhibitors have similar efficacy and risks when used for less than 3 months,.....(Rate of overall GI bleeding is 3% with COX-2's versus 4.5% with ibuprofen."The pt has chronic low back pain with radiculopathy . Physical examination revealed antalgic gait, tenderness on palpation and trigger point over paravertebral muscles, straight leg raising test was positive on the left side. Therefore there are significant abnormal objective findings. The pt has also had back surgery A NSAID is medically appropriate and necessary in this patient. Since the pain is chronic, the pt will, likely, need NSAIDS for longer than 3 months and so a COX 2 inhibitor like Celebrex is an appropriate option, since there is less risk of GI bleeding with Cox 2 inhibitors. The Celebrex 200mg #60, as prescribed on 10/6/14 was medically appropriate and necessary in this patient