

<b>Case Number:</b>	CM14-0194436		
<b>Date Assigned:</b>	12/02/2014	<b>Date of Injury:</b>	09/11/2000
<b>Decision Date:</b>	01/23/2015	<b>UR Denial Date:</b>	11/03/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/20/2014

### 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 Rehab, has a subspecialty in Neuromuscular Medicine and is licensed to practice in Maryland. 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 patient is a 58 year old female with a work injury dated 9/11/00. The diagnoses include chronic low back pain; lumbar disc injuries; chronic pain syndrome with depression; chronic neck pain; lumbosacral radiculopathy. Under consideration are requests for Prilosec 20mg, two (2) times per day, #60 with 2 refills; Topical Analgesic/NSAID 240g, with 2 refills; Lidoderm Patches for topical pain control, #60 with 2 refills; Wellbutrin 150mg, two (2) times per day for pain coping #60 with 2 refills; for Icy-Hot Patches for topical pain control #60 with 2 refills. Lumbar spine MR1 on 5/14/03 showed 5mm L4-5 central disk protrusion and 5-6mm L5-SI central disk extrusion with DDD (degenerative disc disease). There is a 10/28/14 primary treating physician progress report that states that the patient has continued low back and left leg pain. She reports neck pain and stiffness. She reports recent weight gain. She has continued joint pain with wrist/hand pain, and numbness tingling in both hands. She continues to do low back stretches. The pain is helped with a TENS unit, Lidoderm, Relafen, Icy Hot, and Norco. Wellbutrin helps with mood and coping. Tegaderm had helped to keep Lidoderm from peeling off. Metamucil helps with constipation and Prilosec with GI upset. On exam she ambulates with an assistive device. She is in no acute distress. There are tight/tender bilateral cervical paraspinal/upper trapezius muscles and bilateral lumbosacral paraspinal muscles. Her treatment plan includes scripts for Metamucil, Norco, Thermacare packs, Provigil, Tegaderm, Icy Hot, Prilosec, Topical analgesic/NSAID, Lidoderm patch, Wellbutrin, TENS unit is to be continued as well as a home exercise program. The patient will have a urine drug screen. Her medications at this visit included Norco, Metamucil, Icy Hot, Wellbutrin, Prilosec, Lidoderm, Provigil, Thermacare and Topical NSAID/analgesic. The patient denies significant GI symptoms on the review of systems.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Prilosec 20mg, two (2) times per day, #60 with 2 refills: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain, Proton Pump Inhibitors (PPI)

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

**Decision rationale:** Prilosec 20mg, two (2) times per day, #60 with 2 refills is not medically necessary per the MTUS Chronic Pain Medical Treatment Guidelines. The guidelines state that the patient is at risk for gastrointestinal events if they meet the following criteria (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). The guidelines also state that a proton pump inhibitor can be considered if the patient has NSAID induced dyspepsia. The documentation does not indicate that the patient is on oral NSAIDs or meets the criteria for a proton pump inhibitor therefore the request for Prilosec 20 mg two (2) times per day, #60 with 2 refills is not medically necessary.

**Topical Analgesic/NSAID 240g, with 2 refills: Upheld**

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

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

**Decision rationale:** Topical Analgesic/NSAID 240g, with 2 refills is not medically necessary per the MTUS Chronic Pain Medical Treatment Guidelines. The guidelines state that topical NSAIDs can be used for Osteoarthritis and tendinitis, in particular, that of the knee and elbow or other joints that are amenable to topical treatment. These are recommended for short-term use (4-12 weeks). There is little evidence to utilize topical NSAIDs for treatment of osteoarthritis of the spine, hip or shoulder. The request does not indicate which body part this will be used on. The request does not give specific details about the NSAID or active ingredient in this topical analgesic. Without this information the request for topical analgesic/NSAID 240g with 2 refills is not medically necessary.

**Lidoderm Patches for topical pain control, #60 with 2 refills: Upheld**

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

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

**Decision rationale:** Lidoderm Patches for topical pain control, #60 with 2 refills are not medically necessary per the MTUS Chronic Pain Medical Treatment Guidelines. The guidelines state that 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 (serotonin-norepinephrine reuptake inhibitor) anti-depressants or an AED (antiepilepsy drug) such as gabapentin or Lyrica). This is not a first-line treatment and is only FDA approved for post-herpetic neuralgia. Further research is needed to recommend this treatment for chronic neuropathic pain disorders other than post-herpetic neuralgia. The documentation is not clear that the patient has failed first line therapy. Furthermore there is no evidence of post herpetic neuralgia. The patient has been using this dating back to at least Dec. of 2013 without significant evidence of functional improvement therefore additional Lidoderm Patches are not medically necessary.

**Wellbutrin 150mg, two (2) times per day for pain coping #60 with 2 refills:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Bupropion (Wellbutrin) Page(s): 16. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Mental illness and stress- Bupropion (Wellbutrin®); Low back- Wellbutrin

**Decision rationale:** Wellbutrin 150mg, two (2) times per day for pain coping #60 with 2 refills is not medically necessary per the MTUS Chronic Pain Medical Treatment Guidelines. The guidelines state that Bupropion (Wellbutrin) is a second-generation non-tricyclic antidepressant (a noradrenaline and dopamine reuptake inhibitor) which has been shown to be effective in relieving neuropathic pain of different etiologies in a small trial. While bupropion has shown some efficacy in neuropathic pain there is no evidence of efficacy in patients with non-neuropathic chronic low back pain. The documentation indicates that the patient states that the Wellbutrin helps with pain and coping. The ODG states that this medication is indicated in major depressive disorder. There no documentation of psychological evaluations diagnosing this patient with major depressive disorder. The ODG states that Wellbutrin is not recommended for low back pain, in the absence of neuropathic pain, unless used as a treatment for depression, where it may be recommended. The documentation furthermore does not give a clear indication that the patient suffers from neuropathic pain. Without this information the request for Wellbutrin is not medically necessary.

**Icy-Hot Patches for topical pain control #60 with 2 refills:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Salicylate topical; Topical Analgesics Page(s): 105; 111. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: <http://www.icyhot.com/patch/1>

**Decision rationale:** Icy-Hot Patches for topical pain control #60 with 2 refills is not medically necessary per the MTUS Chronic Pain Medical Treatment Guidelines. Although the MTUS supports the use of methyl salicylate such as found in BenGay the MTUS also states that topical analgesics are 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. The documentation indicates that the patient has been using Icy Hot patches dating back to at least December of 2013. There is no evidence of significant functional improvement from prior icy hot patches therefore the request for additional Icy Hot patches are not medically necessary.