

<b>Case Number:</b>	CM14-0205441		
<b>Date Assigned:</b>	01/30/2015	<b>Date of Injury:</b>	05/21/1990
<b>Decision Date:</b>	03/04/2015	<b>UR Denial Date:</b>	11/06/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/09/2014

### 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, Ohio, 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 applicant is a represented [REDACTED] beneficiary who has filed a claim for chronic mid and low back pain reportedly associated with an industrial injury of May 21, 1990. In a utilization review report dated November 6, 2014, the claims administrator failed to approve a request for Norco, Keppra, Zanaflex, Lidoderm, a ketamine cream, and Premarin. The applicant's attorney subsequently appealed. In an October 17, 2014 progress note, the applicant reported 5/10 to 8/10 multifocal pain complaints, including about the arm, shoulder, low back, mid back, ankle, and foot. The applicant stated that standing, walking, bending, lifting, and multiple activities of daily living were all problematic. The applicant had issues with depression and anxiety, it was suggested. The applicant was status post earlier lumbar fusion surgery. The applicant was given prescriptions for methadone, Norco, Cymbalta, Keppra, Zanaflex, Motrin, Lidoderm, a ketamine-containing cream, Premarin, and Zantac. It was suggested that these medications represent a renewal request. A thoracic epidural steroid injection was endorsed. On May 21, 2014, the applicant was again described as having persistent complaints of low back pain status post failed lumbar laminectomy surgery. The applicant had derivative complaints of insomnia and depression. The applicant was using methadone, Norco, Cymbalta, Keppra, Zanaflex, Lidoderm, a ketamine cream, Premarin, and Zantac, it was acknowledged. The applicant was not out of the house daily, it was acknowledged. The applicant was resting or reclining 75% to 100% of the day, it was stated. The applicant again reported that lifting, sitting, bending, twisting, and standing were particularly problematic. 5/10 to 7/10 pain was reported. In an April

23, 2014 progress note, the applicant was described as off of work and receiving [REDACTED] in addition to [REDACTED].

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

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

**Norco 10/325mg 1/2 to 1 by mouth every 4-6 hrs as needed for break through pain 3 max:**  
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 When To Continue Opioids Page(s): 80.

**Decision rationale:** As noted on page 80 of the MTUS Chronic Pain Medical Treatment Guidelines, the cardinal criteria for continuation of opioid therapy include evidence of successful return to work, improved functioning, and/or reduced pain achieved as a result of the same. Here, the applicant is not working. The applicant is receiving both [REDACTED] and [REDACTED]. The attending provider failed to outline any quantifiable decrements in pain achieved as a result of ongoing opioid usage, including ongoing Norco usage. The applicant's continued reports of difficulty performing activities of daily living as basic as lifting, sitting, bending, twisting, etc., did not make a compelling case for continuation of Norco. Therefore, the request was not medically necessary.

**Zanaflex 2mg caps (Tizanidine HCL) 1/2 TAB TID:** 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 Functional Restoration Approach to Chronic Pain Management, Tizanidine/Zanaflex Page(s): 7, 66.

**Decision rationale:** While page 66 of the MTUS Chronic Pain Medical Treatment Guidelines does acknowledge that tizanidine or Zanaflex is FDA approved in the management of spasticity but can be employed off label for low back pain as was/is present here, this recommendation is, however, qualified by commentary made on page 7 of the MTUS Chronic Pain Medical Treatment Guidelines to the effect that an attending provider should incorporate some discussion of medication efficacy into his choice of recommendations. Here, the applicant is not working. Ongoing usage of Zanaflex has failed to curtail the applicant's dependence on opioid agents such as Norco. The applicant continues to report difficulty performing activities of daily living as basic as sitting, standing, walking, lifting, and bending. All of the foregoing, taken together, suggest a lack of functional improvement as defined in MTUS 9792.20(f), despite ongoing usage of tizanidine (Zanaflex). Therefore, the request was not medically necessary.

**Lidoderm 5% patch 12 hours on and 12 hours off pm pain (max 3 at one time): 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 Topical Lidocaine Page(s): 112.

**Decision rationale:** While page 112 of the MTUS Chronic Pain Medical Treatment Guidelines does acknowledge that topical lidocaine is indicated in the treatment of localized peripheral pain/neuropathic pain in applicants in whom there has been a trial of first-line therapy with antidepressants and/or anticonvulsants, in this case, however, there was no evidence of intolerance to and/or failure of multiple classes of first-line oral antidepressant adjuvant medications and/or anticonvulsant adjuvant medications prior to the introduction, selection, and/or ongoing uses of Lidoderm patches at issue. Therefore, the request was not medically necessary.

**Ketamine HOL SOLN (Ketamine HOL SOLN): 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 Topical Ketamine Page(s): 113.

**Decision rationale:** As noted on page 113 of the MTUS Chronic Pain Medical Treatment Guidelines, topical ketamine is deemed "under study," and recommended only for treatment of neuropathic pain in refractory cases in which all primary and secondary treatments have been exhausted. Here, there was no evidence that the applicant had exhausted all primary and/or secondary treatments before introduction, selection, and/or ongoing usage of the ketamine-containing topical solution at issue. Therefore, the request was not medically necessary.

**Premarin Cream (Estrogens, Conjugated Cream): Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment Page(s): 47. Decision based on Non-MTUS Citation Food and Drug Administration (FDA), Premarin Medication Guide

**Decision rationale:** While the MTUS does not specifically address the topic of Premarin usage, the MTUS Guideline in ACOEM Chapter 3, page 47 does stipulate that it is incumbent upon an attending provider to discuss the efficacy of the medication for the condition for which it is being prescribed. Here, the attending provider did not outline why the Premarin cream at issue was

being prescribed in any of the progress notes referenced above. While the Food and Drug Administration (FDA) acknowledges that Premarin is indicated in the treatment of atrophic vaginitis, in this case, there was no mention that the applicant was having issues with atrophic vaginitis which would compel provision of Premarin. Therefore, the request was not medically necessary.

**Keppra 500mg 2 PO BID for Neuropathic pain:** 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 Functional Restoration Approach to Chronic Pain Management, Keppra Page(s): 7, 22.

**Decision rationale:** While page 22 of the MTUS Chronic Pain Medical Treatment Guidelines notes that Keppra is a recently approved drug which "may be effective for neuropathic pain," this recommendation is, however, qualified by commentary made on page 7 of the MTUS Chronic Pain Medical Treatment Guidelines to the effect that an attending provider should incorporate some discussion of medication efficacy into his choice of recommendations. Here, however, the applicant was/is off of work, despite ongoing usage of Keppra. Ongoing usage of Keppra has failed to curtail the applicant's dependence on opioid agents such as Norco. The applicant continues to report difficulty performing activities of daily living as basic as standing, walking, and lifting. All of the foregoing, taken together, do not make a compelling case for continuation of Keppra and, furthermore, suggest a lack of functional improvement as defined in MTUS 9792.20(f), despite ongoing usage of the same. Therefore, the request was not medically necessary.