

<b>Case Number:</b>	CM15-0003276		
<b>Date Assigned:</b>	01/14/2015	<b>Date of Injury:</b>	08/07/1997
<b>Decision Date:</b>	03/11/2015	<b>UR Denial Date:</b>	01/06/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/07/2015

### 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: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

### 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 66 year old female, who sustained an industrial injury on August 7, 1997. The diagnoses have included failed back surgery syndrome, status post lumbar surgery, status post spinal cord stimulator placement, lumbar radiculopathy, and cervical radiculopathy. Treatment to date has included spinal cord stimulator placement, TENS, and medications. Currently, the injured worker complains of aching low back pain radiating to the bilateral lower extremities, right leg pain, flare-up of sciatica, and right sided neck pain. The Physician's PR-2 visit dated December 9, 2014, was noted to include a two week follow up for spinal cord stimulator interrogation. The injured worker reported a new spinal cord stimulator was placed on October 3, 2014, and was noted to feel a burning sensation when the battery was charging. The cervical spine was noted to have tenderness to palpation of the right paraspinals and upper trapezius, with tenderness to palpation of the bilateral lumbar paraspinals. Prior medical reports note medication in use at that time included Norco, Norflex, Zofran, trazodone, and LidoPro cream. On January 6, 2015, Utilization Review non-certified 7 Norco 10/325mg, 1 by mouth 0-3 daily as needed, qty not specified refills not specified, for submitted diagnosis of failed back syndrome, cervical (neck) and lumbar (lower back) radiculopathy, as an outpatient, Norflex 100mg 1 by mouth twice daily as needed for no more than 1-2 weeks, qty not specified, refills 0, for submitted diagnosis of failed back syndrome, cervical (neck) and lumbar (lower back) radiculopathy as an outpatient, Zofran 4mg 1 by mouth as needed for medication associated nausea, qty not specified refills 0, for submitted diagnosis of failed back syndrome, cervical (neck) and lumbar (lower back) radiculopathy as an outpatient, Trazodone 50mg, 1 by mouth

every hour of sleep as needed, qty not specified, refills 0, for submitted diagnosis of failed back syndrome, cervical (neck) and lumbar (lower back) radiculopathy as an outpatient, Trial Gabapentin cream 10%, frequency and duration not specified qty #1, refill not specified for Neuropathic pain, for submitted diagnosis of failed back syndrome, cervical (neck) and lumbar (lower back) radiculopathy as an outpatient, Naproxen 550mg, twice a day, qty #60, refill not specified, for submitted diagnosis of failed back syndrome, cervical (neck) and lumbar (lower back) radiculopathy as an outpatient, and Omeprazole 20mg, to be taken daily a gastrointestinal syndrome, prophylaxis due to intake of anti-inflammatory medication for submitted diagnosis of failed back syndrome, cervical (neck) and lumbar (lower back) radiculopathy as an outpatient, with all of the requests noted to be not medically necessary based on the MTUS Chronic Pain Medical Treatment Guidelines, and the Official Disability Guidelines (ODG), Pain Chapter, updated December 30, 2014, and the Mental Illness & Stress Chapter, updated November 21, 2014. On January 7, 2015, the injured worker submitted an application for IMR for review of 7 Norco 10/325mg, 1 by mouth 0-3 daily as needed, qty not specified refills not specified, for submitted diagnosis of failed back syndrome, cervical (neck) and lumbar (lower back) radiculopathy, as an outpatient, Norflex 100mg 1 by mouth twice daily as needed for no more than 1-2 weeks, qty not specified, refills 0, for submitted diagnosis of failed back syndrome, cervical (neck) and lumbar (lower back) radiculopathy as an outpatient, Zofran 4mg 1 by mouth as needed for medication associated nausea, qty not specified refills 0, for submitted diagnosis of failed back syndrome, cervical (neck) and lumbar (lower back) radiculopathy as an outpatient, Trazodone 50mg, 1 by mouth every hour of sleep as needed, qty not specified, refills 0, for submitted diagnosis of failed back syndrome, cervical (neck) and lumbar (lower back) radiculopathy as an outpatient, Trial Gabapentin cream 10%, frequency and duration not specified qty #1, refill not specified for Neuropathic pain, for submitted diagnosis of failed back syndrome, cervical (neck) and lumbar (lower back) radiculopathy as an outpatient, Naproxen 550mg, twice a day, qty #60, refill not specified, for submitted diagnosis of failed back syndrome, cervical (neck) and lumbar (lower back) radiculopathy as an outpatient, and Omeprazole 20mg, to be taken daily a gastrointestinal syndrome, prophylaxis due to intake of anti-inflammatory medication for submitted diagnosis of failed back syndrome, cervical (neck) and lumbar (lower back) radiculopathy as an outpatient.

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

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

**7 Norco 10/325mg, 1 by mouth 0-3 daily as needed, qty not specified refills not specified, for submitted diagnosis of failed back syndrome, cervical (neck) and lumbar (lower back) radiculopathy, as an outpatient: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use Page(s): 76-80.

**Decision rationale:** Regarding the request for Norco, California Pain Medical Treatment Guidelines note that it is an opiate pain medication. Due to high abuse potential, close follow-up

is recommended with documentation of analgesic effect, objective functional improvement, side effects, and discussion regarding any aberrant use. Guidelines go on to recommend discontinuing opioids if there is no documentation of improved function and pain. Within the documentation available for review, there is no indication that the medication is improving the patient's function or pain (in terms of specific examples of functional improvement and percent reduction in pain or reduced NRS) and no discussion regarding aberrant use. As such, there is no clear indication for ongoing use of the medication. Opioids should not be abruptly discontinued, but unfortunately, there is no provision to modify the current request to allow tapering. In light of the above issues, the currently requested Norco is not medically necessary.

**Norflex 100mg 1 by mouth twice daily as needed for no more than 1-2 weeks, qty not specified, refills 0, for submitted diagnosis of failed back syndrome, cervical (neck) and lumbar (lower back) radiculopathy as an outpatient: 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 Muscle Relaxants (for pain) Page(s): 63-66.

**Decision rationale:** Regarding the request for Norflex (orphenadrine), Chronic Pain Medical Treatment Guidelines support the use of non-sedating muscle relaxants to be used with caution as a 2nd line option for the short-term treatment of acute exacerbations of pain. Within the documentation available for review, there is no identification of a specific analgesic benefit or objective functional improvement as a result of the medication. The provider notes that the request is for no more than 1-2 weeks, but prior reports have also noted that the medication was being utilized at that time. As such, it does not appear that this medication is being prescribed for the short-term treatment of an acute exacerbation, as recommended by guidelines. In the absence of such documentation, the currently requested Norflex (orphenadrine) is not medically necessary.

**Zofran 4mg 1 by mouth as needed for medication associated nausea, qty not specified refills 0, for submitted diagnosis of failed back syndrome, cervical (neck) and lumbar (lower back) radiculopathy as an outpatient: Upheld**

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

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Pain Chapter, Antiemetics (for opioid nausea)

**Decision rationale:** Regarding the request for ondansetron (Zofran), California MTUS guidelines do not contain criteria regarding the use of antiemetic medication. ODG states that antiemetics are not recommended for nausea and vomiting secondary to chronic opioid use. Guidelines go on to recommend that ondansetron is approved for postoperative use, nausea and vomiting secondary to chemotherapy, and acute use for gastroenteritis. Within the

documentation available for review, there is no indication that the patient has nausea as a result of any of the diagnoses for which the medication is supported given that it is not recommended by the guidelines for nausea secondary to chronic opioid use. In light of the above issues, the currently requested ondansetron (Zofran) is not medically necessary.

**Trazodone 50mg, 1 by mouth every hour of sleep as needed, qty not specified, refills 0, for submitted diagnosis of failed back syndrome, cervical (neck) and lumbar (lower back) radiculopathy as an outpatient: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Mental Illness & Stress chapter, (updated 11/21/14) regarding Trazodone (Desyrel)

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Pain Chapter, Insomnia Treatment

**Decision rationale:** Regarding the request for trazodone, it is noted that the medication is being utilized as a sleep aid. California MTUS does not address the issue. ODG recommends the short-term use (usually two to six weeks) of pharmacological agents only after careful evaluation of potential causes of sleep disturbance. They go on to state the failure of sleep disturbances to resolve in 7 to 10 days, may indicate a psychiatric or medical illness. Within the documentation available for review, there is no clear description of the patient's insomnia, no statement indicating what behavioral treatments have been attempted, and no statement indicating how the patient has responded to treatment. Furthermore, there is no indication that the medication is being used for short-term treatment as recommended by guidelines. In the absence of such documentation, the currently requested trazodone is not medically necessary.

**Trial Gabapentin cream 10%, frequency and duration not specified qty #1, refill not specified for Neuropathic pain, for submitted diagnosis of failed back syndrome, cervical (neck) and lumbar (lower back) radiculopathy as an outpatient: 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 Analgesics Page(s): 113.

**Decision rationale:** Regarding the request for gabapentin cream, Chronic Pain Medical Treatment Guidelines state that topical gabapentin is not recommended as there is no peer-reviewed literature to support its use. Therefore, in the absence of guideline support for the use of topical gabapentin, the currently requested gabapentin cream is not medically necessary.

**Naproxen 550mg, twice a day, qty #60, refill not specified, for submitted diagnosis of failed back syndrome, cervical (neck) and lumbar (lower back) radiculopathy as an outpatient: 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 NSAIDs Page(s): 67-72.

**Decision rationale:** Regarding the request for naproxen, Chronic Pain Medical Treatment Guidelines state that NSAIDs are recommended at the lowest dose for the shortest period in patients with moderate to severe pain. Within the documentation available for review, there is no indication that the medication is providing any specific analgesic benefits (in terms of percent pain reduction or reduction in numeric rating scale) or any objective functional improvement. In the absence of such documentation, the currently requested naproxen is not medically necessary.

**Omeprazole 20mg, to be taken daily a gastrointestinal syndrome, prophylaxis due to intake of anti-inflammatory medication for submitted diagnosis of failed back syndrome, cervical (neck) and lumbar (lower back) radiculopathy as an outpatient:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Anti-inflammatory medications, and proton pump inhibitors.

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

**Decision rationale:** Regarding the request for omeprazole (Prilosec), California MTUS states that proton pump inhibitors are appropriate for the treatment of dyspepsia secondary to NSAID therapy or for patients at risk for gastrointestinal events with NSAID use. Within the documentation available for review, there is no indication that the patient has complaints of dyspepsia secondary to NSAID use, a risk for gastrointestinal events with NSAID use, or another indication for this medication. In light of the above issues, the currently requested omeprazole (Prilosec) is not medically necessary.