

<b>Case Number:</b>	CM15-0007802		
<b>Date Assigned:</b>	01/26/2015	<b>Date of Injury:</b>	05/14/2010
<b>Decision Date:</b>	04/02/2015	<b>UR Denial Date:</b>	01/07/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/13/2015

### 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: Massachusetts

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 35 year old female who sustained an industrial injury on May 14, 2010. She has reported right ankle pain and low back pain and has been diagnosed with discogenic lumbar condition with disc disease at L4-L5 and L5-S1, internal derangement of knees bilaterally treated with observation, and anterior talofibular ligament injury on the right ankle which is very symptomatic. Treatment has included surgery, back brace, hot and cold pack, injections, TENS unit, and medication. Currently the injured worker had tenderness along the posterior ankle, lateral ankle, and a positive anterior drawer test was noted. There was also tenderness noted along the lumbar spine. The treatment plan consisted of a medication regime. On January 7, 2015 Utilization Review non certified Norco # 120, Flexeril 7.5mg # 60, Nalfon 400 mg # 60, Zofran 8mg # 60, Lunesta 2 mg # 30, Terocin patches # 30, and LidoPro cream one bottle citing the MTUS and Official Disability Guidelines.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Norco #120:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Hydrocodone/Acetaminophen.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines (1) Opioids, criteria for use, p76-80 (2) Opioids, dosing, p8 Page(s): 8, 76-80.

**Decision rationale:** The claimant is nearly 5 years status post work-related injury and continues to be treated for back, knee, and ankle pain. Treatments have included surgery and she continues to be treated with medications. She underwent right ankle surgery in September 2014. Opioid medication is being prescribed at an average (MED) morphine equivalent dose of less than 120 mg per day. In this case, the claimant is expected to have somewhat predictable activity related breakthrough pain (i.e. incident pain) when standing and walking as well as baseline pain consistent with his history of injury and surgery. Norco (hydrocodone / acetaminophen) is a short acting combination opioid often used for intermittent or breakthrough pain. In this case, it is being prescribed as part of the claimant's ongoing management. There are no identified issues of abuse, addiction, or poor pain control. There are no inconsistencies in the history, presentation, the claimant's behaviors, or by physical examination. His total MED is less than 120 mg per day consistent with guideline recommendations. Therefore, the continued prescribing of Norco was medically necessary.

**Flexeril 7.5mg #60:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine (Flexeril).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines (1) Cyclobenzaprine (Flexeril), p41 (2) Muscle relaxants Page(s): 41, 63.

**Decision rationale:** The claimant is nearly 5 years status post work-related injury and continues to be treated for back, knee, and ankle pain. Treatments have included surgery and she continues to be treated with medications. She underwent right ankle surgery in September 2014. Cyclobenzaprine is closely related to the tricyclic antidepressants. It is recommended as an option, using a short course of therapy and there are other preferred options when it is being prescribed for chronic pain. Although it is a second-line option for the treatment of acute exacerbations in patients with muscle spasms, short-term use only of 2-3 weeks is recommended. In this case, the quantity being prescribed is consistent with long term use and was therefore not medically necessary.

**Nalfon 400mg #60:** Overturned

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, specific drug list & adverse effects Page(s): 67-71.

**Decision rationale:** The claimant is nearly 5 years status post work-related injury and continues to be treated for back, knee, and ankle pain. Treatments have included surgery and she continues

to be treated with medications. She underwent right ankle surgery in September 2014. Oral NSAIDS (non-steroidal anti-inflammatory medications) are recommended for treatment of chronic persistent pain. Dosing of (Nalfon) fenoprofen is 300 - 600mg 3 to 4 times per day with a maximum daily dose of 3200mg. In this case, the requested dose is in within guideline recommendations and therefore medically necessary.

**Zofran 8mg #60:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain Chapter.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Pain (Chronic), Antiemetics Ondansetron prescribing information.

**Decision rationale:** The claimant is nearly 5 years status post work-related injury and continues to be treated for back, knee, and ankle pain. Treatments have included surgery and she continues to be treated with medications. She underwent right ankle surgery in September 2014. Zofran (ondansetron) are for the prevention of nausea and vomiting associated with cancer treatments or after surgery. The claimant has not had recent surgery and is not being treated for cancer. ODG addresses the role of antiemetics in the treatment of opioid induced nausea. In this case, although the claimant is being prescribed Norco, there is no history of opioid induced nausea. Therefore, the use of this medication was not medically necessary.

**Lunesta 2mg #30:** Upheld

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

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) (1) Mental Illness & Stress, Insomnia (2) Mental Illness & Stress, Insomnia treatment.

**Decision rationale:** The claimant is nearly 5 years status post work-related injury and continues to be treated for back, knee, and ankle pain. Treatments have included surgery and she continues to be treated with medications. She underwent right ankle surgery in September 2014. Medications included Lunesta (eszopiclone). The treatment of insomnia should be based on the etiology and pharmacological agents should only be used after careful evaluation of potential causes of sleep disturbance. Primary insomnia is generally addressed pharmacologically. Secondary insomnia may be treated with pharmacological and/or psychological measures. In this case, the nature of the claimant's sleep disorder is not provided. There is no assessment of factors such as sleep onset, maintenance, quality, or next-day functioning. Whether the claimant has primary or secondary insomnia has not been determined. Therefore, based on the information provided, the continued prescribing of Lunesta is not medically necessary.

**Terocin patches #30:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines (1) Medications for chronic pain, p60 (2) Lidoderm (lidocaine patch). p56-57 (3) Topical Analgesics, p111-113.

**Decision rationale:** The claimant is nearly 5 years status post work-related injury and continues to be treated for back, knee, and ankle pain. Treatments have included surgery and she continues to be treated with medications. She underwent right ankle surgery in September 2014. Terocin lotion contains methyl salicylate, capsaicin, menthol, and Lidocaine. Menthol and methyl salicylate are used as a topical analgesic in over the counter medications such as Ben-Gay or Icy Hot. They work by first cooling the skin then warming it up, providing a topical anesthetic and analgesic effect which may be due to interference with transmission of pain signals through nerves. Guidelines address the use of capsaicin which is believed to work through a similar mechanism. It is recommended as an option in patients who have not responded or are intolerant to other treatments. Topical Lidocaine in a formulation that does not involve a dermal-patch system can be recommended for localized peripheral pain. Guidelines also recommend that when prescribing medications only one medication should be given at a time. Therefore, the prescribing of Terocin in a patch form was not medically necessary.

**LidoPro cream:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Medications for chronic pain Page(s): 60.

**Decision rationale:** The claimant is nearly 5 years status post work-related injury and continues to be treated for back, knee, and ankle pain. Treatments have included surgery and she continues to be treated with medications. She underwent right ankle surgery in September 2014. LidoPro (capsaicin, lidocaine, menthol and methyl salicylate ointment) is a compounded topical medication. Menthol and methyl salicylate are used as a topical analgesic in over the counter medications such as Ben-Gay or Icy Hot. They work by first cooling the skin then warming it up, providing a topical anesthetic and analgesic effect which may be due to interference with transmission of pain signals through nerves. MTUS addresses the use of capsaicin which is recommended as an option in patients who have not responded or are intolerant to other treatments. However, guidelines recommend that when prescribing medications only one medication should be given at a time. By prescribing a multiple combination medication, in addition to the increased risk of adverse side effects, it would not be possible to determine whether any derived benefit is due to a particular component. Therefore, LidoPro was not medically necessary.