

<b>Case Number:</b>	CM15-0130911		
<b>Date Assigned:</b>	07/17/2015	<b>Date of Injury:</b>	04/17/2001
<b>Decision Date:</b>	09/21/2015	<b>UR Denial Date:</b>	06/12/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/07/2015

### 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: Texas, New York, 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 40-year-old who has filed a claim for chronic low back pain (LBP) reportedly associated with an industrial injury of April 17, 2001. In a Utilization Review report dated June 12, 2015, the claims administrator failed to approve requests for Lidoderm jelly, Cymbalta, Norco, and Protonix. The claims administrator referenced an RFA form received on June 8, 2015 and an associated May 28, 2015 progress note in its determination. On May 7, 2015, the applicant reported ongoing complaints of left shoulder, low back, bilateral knee, and bilateral hand pain, collectively scored an 8-9/10. The applicant was not working, it was acknowledged. The applicant was on Norco, tizanidine, Protonix, morphine, and Neurontin, it was reported. The applicant reported issues with insomnia, it was acknowledged in the review of systems section of the note. The applicant also reported issues with heartburn, it was stated in the gastrointestinal review of systems section of the note. The applicant reported issues with stress, anxiety, and depression, it was noted in the psychiatric review of systems section of the note. The applicant had undergone an earlier failed lumbar spine surgery, it was reported. Lumbar MRI imaging was sought. Permanent work restrictions imposed by a medical-legal evaluator were renewed. It was acknowledged that the applicant was not working with said limitations in place. On March 25, 2015, the applicant reported ongoing complaints of neck and low back pain, 9/10 with medications versus 10/10 without medications. The applicant was having difficulty sleeping at night, it was acknowledged. Activities as basic as self-care, personal hygiene, walking, and hand function remained problematic, the treating provider reported. Norco, Neurontin, Cymbalta, Xolair, tizanidine, and Senna were prescribed and/or renewed. Lidocaine jelly was also apparently renewed. The attending provider seemingly suggested that Cymbalta

was being employed for chronic pain purposes here. The attending provider suggested that Protonix was effective in terms of attenuating the applicant's issues with reflux. The applicant was given various diagnoses, including chronic low back pain status post earlier failed lumbar spine surgery, shoulder pain, depression, and complex regional pain syndrome. The applicant was using a cane to move about.

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

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

#### **Lidocaine 2% jelly 3 times a day #60: 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 Lidocaine Page(s): 112.

**Decision rationale:** No, the request for Lidocaine jelly was not medically necessary, medically appropriate, or indicated here. While page 112 of the MTUS Chronic Pain Medical Treatment Guidelines does acknowledge that lidocaine jelly is indicated in the treatment of localized peripheral pain or neuropathic pain in applicants in whom there has been a trial of first-line therapy with antidepressants and/or anti-convulsants, here, however, the applicant's concomitant usage of gabapentin, an anticonvulsant adjuvant medication, effectively obviated the need for the lidocaine jelly in question. Therefore, the request was not medically necessary.

#### **Duloxetine DR one a day #30: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Anti depressants Page(s): 13,14,15,16.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment Page(s): 47, Chronic Pain Treatment Guidelines Duloxetine (Cymbalta); Functional Restoration Approach to Chronic Pain Management Page(s): 15; 7.

**Decision rationale:** Similarly, the request for duloxetine (Cymbalta), an atypical antidepressant, was likewise not medically necessary, medically appropriate, or indicated here. The applicant's pain management physician seemingly suggested that Cymbalta was being employed for chronic pain purposes here (as opposed to depressive symptoms). While page 15 of the MTUS Chronic Pain Medical Treatment Guidelines does acknowledge that Cymbalta (duloxetine) can be employed off-label for radiculopathy, as was/is present here, this recommendation is, however, qualified by commentary made on page 7 of the MTUS Chronic Pain Medical Treatment Guidelines and on page 47 of the ACOEM Practice Guidelines to the effect that an attending provider should incorporate some discussion of efficacy of medication into his choice of recommendations. Here, however, the applicant remained off of work, despite ongoing Cymbalta usage. The applicant continued to report pain complaints as high as 9/10, despite

ongoing Cymbalta (duloxetine) usage. Pain complaints as high as 9/10 were reported on March 25, 2015. The applicant was having difficulty standing, walking, sleeping, and performing activities of daily living as basic as self-care and personal hygiene, it was reported on March 25, 2015. All of the foregoing, taken together, suggested a lack of functional improvement as defined in MTUS 9792.20e, despite ongoing usage of Cymbalta. Therefore, the request was not medically necessary.

**Hydrocodone 10/325mg 1 tablet every 6 hrs #105:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 78-80.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 7) When to Continue Opioids Page(s): 80.

**Decision rationale:** Similarly, the request for Norco (hydrocodone-acetaminophen), a short-acting opioid, was likewise not medically necessary, medically appropriate, or indicated here. 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, however, the applicant was off of work, it was acknowledged on multiple office visits, referenced above. While the attending provider did report some low-grade reduction in pain scores from 10/10 without medications to 9/10 with medications on March 25, 2015, this appeared marginal to negligible at best and was outweighed by the applicant's failure to return to work and/or the attending provider's failure to identify meaningful, material, and/or substantive improvements in function (if any) effected as a result of ongoing Norco usage. The applicant's failure to return to work, coupled with the applicant's continued difficulty performing activities as basic as standing, walking, performing self-care and personal hygiene, sleeping, etc., taken together, strongly suggested that the applicant had, in fact, failed to meet criteria set forth on page 80 of the MTUS Chronic Pain Medical Treatment Guidelines for continuation of opioid therapy. Therefore, the request was not medically necessary.

**Pantoprazole 20mg twice a day #60:** Overturned

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

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

**Decision rationale:** Finally, the request for pantoprazole (Protonix), a proton pump inhibitor, was medically necessary, medically appropriate, and indicated here. As noted on page 69 of the MTUS Chronic Pain Medical Treatment Guidelines, proton pump inhibitors such as pantoprazole (Protonix) are indicated in the treatment of NSAID-induced dyspepsia or, by analogy, the stand-alone dyspepsia seemingly present here. Ongoing usage of Protonix had attenuated the applicant's symptoms of reflux, it was reported on March 25, 2015. Continuing the same, on balance, was indicated. Therefore, the request was medically necessary.