

Case Number:	CM15-0139567		
Date Assigned:	08/03/2015	Date of Injury:	01/03/2005
Decision Date:	09/17/2015	UR Denial Date:	06/30/2015
Priority:	Standard	Application Received:	07/20/2015

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: New York
 Certification(s)/Specialty: Anesthesiology

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 52 year old female, who sustained an industrial injury on January 3, 2005. The injured worker's initial complaints and diagnoses are not included in the provided documentation. The injured worker was diagnosed as having lumbar-lumbosacral disc degeneration, lumbar facet syndrome, facet arthropathy, thoracic or lumbar radiculitis, lumbago, and chronic pain disorder. Diagnostic studies to date have included: On January 13, 2010, x-rays revealed facet arthritic change at lumbar 4 through sacral 1. On March 5, 2010, an MRI revealed facet degenerative lumbar 3 through sacral 1 level, mild disc bulging, and a tiny cavernous hemangioma at lumbar 4 unlikely to be of significance. On the June 8, 2015 urine toxicology screen requisition there is documentation of the point of care test result of positive for oxycodone. Treatment to date has included a lumbar brace, H-wave, lumbar medial branch radiofrequency ablation in 2013, a home exercise program, a medial branch block, and medications including short-acting and long-acting opioid analgesic, topical analgesics, muscle relaxant, antiemetic, and non-steroidal anti-inflammatories. There were no noted previous injuries or dates of injury. Comorbid diagnoses included history of hyperlipidemia. On June 8, 2015, the injured worker reported continued heavy feeling down her left leg to the foot sometimes with lower back spasm, which increases when the weather turns. H-wave, back brace, topical compounded cream, and Lidoderm are helpful. Celebrex works better than Motrin. The Vistaril improves her nausea. Her pain is daily and frequent. Her pain is rated: current = 3 out of 10, fluctuates between = 0-7 out of 10, analgesic effect = 8 out of 10. Current Opioid Misuse Measure (COMM) score = 7 < 9. Functional status = 6 out of 10. The physical exam

revealed walking without an assistive device, negative straight leg raise, positive left Faber and Gaenselen, palpatory tenderness on the left posterior superior iliac spine, normal deep tendon reflexes, and decreased range of motion. Requested treatments include: Flurbiprofen 20%/Lidocaine 5% cream, Cyclobenzaprine 10%/Lidocaine 2% cream, Celebrex, (Oxycodone/APAP) 7.5/325 1 daily, Motrin (Ibuprofen) 600 mg, Vistaril, Baclofen, and Lidoderm 5% patch.

IMR ISSUES, DECISIONS AND RATIONALES

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

Flurbiprofen/Lidocaine cream: 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: According to the California MTUS Guidelines (2009), topical analgesics are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. These agents are applied topically to painful areas with advantages that include lack of systemic side effects, absence of drug interactions, and no need to titrate. Many agents are compounded as monotherapy or in combination for pain control including, for example, NSAIDs, opioids, capsaicin, muscle relaxants, local anesthetics or antidepressants. Guidelines indicate that any compounded product that contains at least 1 non-recommended drug (or drug class) is not recommended for use. In this case, the topical compounded medication contains: Flurbiprofen and Lidocaine. There are no clinical studies to support the safety or effectiveness of Flurbiprofen in a topical delivery system (excluding ophthalmic). Lidocaine is recommended for localized peripheral pain after there has been evidence of a trial of first-line therapy. Topical lidocaine, in the formulation of a dermal patch (Lidoderm) is used off-label for diabetic neuropathy. No other commercially approved topical formulations of lidocaine (whether creams, lotions or gels) are indicated for neuropathic pain. Medical necessity for the requested topical analgesic compound has not been established. The requested topical compound is not medically necessary.

Cyclobenzaprine/Lidocaine cream: 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: According to the California MTUS Guidelines (2009), topical analgesics are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. These agents are applied topically to painful areas with advantages that include lack

of systemic side effects, absence of drug interactions, and no need to titrate. Many agents are compounded as monotherapy or in combination for pain control including, for example, NSAIDs, opioids, capsaicin, muscle relaxants, local anesthetics or antidepressants. Guidelines indicate that any compounded product that contains at least 1 non-recommended drug (or drug class) is not recommended for use. In this case, the topical compounded medication contains: Cyclobenzaprine and Lidocaine. The CMTUS recommends topical NSAIDs for "osteoarthritis and tendinitis in particular, that of the knee and elbow or other joints that are amenable to topical treatment". The CMTUS does not recommend Cyclobenzaprine for topical use as there is no peer-reviewed literature to support its use. Lidocaine is recommended for localized peripheral pain after there has been evidence of a trial of first-line therapy. Topical lidocaine, in the formulation of a dermal patch (Lidoderm) is used off-label for diabetic neuropathy. No other commercially approved topical formulations of lidocaine (whether creams, lotions or gels) are indicated for neuropathic pain. Medical necessity for the requested topical analgesic compound has not been established. The requested topical compound is not medically necessary.

Celebrex 200mg: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 299; 308, Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory drugs) NSAIDs; specific drug list & adverse effects: Selective COX-2 NSAIDs Page(s): 67-68; 70.

Decision rationale: The California Medical Treatment Utilization Schedule (CMTUS) guidelines recommend non-steroidal anti-inflammatory drugs (NSAIDs) as a second-line treatment for the short-term relief of acute exacerbations of low back pain and symptomatic relief of chronic low back pain. Per the CMTUS, Celecoxib (Celebrex) is a selective COX-2 non-steroidal anti-inflammatory drug, which is used to treat osteoarthritis, rheumatoid arthritis, and ankylosing spondylitis. There was lack of diagnostic evidence that the injured worker was being treated for osteoarthritis, rheumatoid arthritis, and ankylosing spondylitis. The medical records show that the injured worker has used the non-steroidal anti-inflammatory medication, Ibuprofen (Motrin), chronically without documentation of improvement of symptoms or function. There is lack of an approved condition for treatment, lack of improvement of symptoms or function with chronic non-steroidal anti-inflammatory drug use, and the concurrent use of Celebrex along with Ibuprofen (Motrin) is excessive. Therefore, the request for Celebrex is not medically necessary.

Oxycodone/APAP 7.5/325mg #30: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-96.

Decision rationale: According to the CA MTUS and the ODG, Percocet (Oxycodone/Acetaminophen) is a short-acting opioid analgesic indicated for moderate to severe pain, and is used to manage both acute and chronic pain. The treatment of chronic pain with any opioid analgesic requires review and documentation of pain relief, functional status, appropriate medication use, and side effects. A pain assessment should include current pain, intensity of pain after taking the opiate, and the duration of pain relief. In this case, there is insufficient evidence that the opioids were prescribed according to the CA MTUS guidelines, which recommend prescribing according to function, with specific functional goals, return to work, random drug testing, an opioid contract, and documentation of a prior failure of non-opioid therapy. In addition, the MTUS recommends urine drug screens for patients with poor pain control and to help manage patients at risk of abuse. There is lack of documentation of objective functional improvement with the use of Oxycodone/APAP. There is documentation the urine toxicology screen point of care test result of positive for Oxycodone. However, there is lack of documentation of risk assessment profile, attempt at weaning/tapering, and an updated and signed pain contract between the provider and the claimant, and the lack of objective evidence of functional benefit obtained from the opioid medication. Medical necessity of the requested medication has not been established. Of note, discontinuation of an opioid analgesic should include a taper to avoid withdrawal symptoms. The requested medication is not medically necessary.

Ibuprofen 600mg #60 with 3 refills (1x4): Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 299; 308, Chronic Pain Treatment Guidelines Anti-inflammatory medications; NSAIDs (non-steroidal anti-inflammatory drugs); NSAIDs, specific drug list & adverse effects Page(s): 22; 67-68; 72.

Decision rationale: According to the CA MTUS guidelines, non-steroidal anti-inflammatory drugs (NSAIDs) are recommended as a second-line treatment after acetaminophen for short-term relief of acute exacerbations of low back pain and for chronic low back pain as an option for short-term symptomatic relief. The ACOEM recommends non-steroidal anti-inflammatory drugs for the short-term of low back complaints. The medical records show the injured worker has been taking Ibuprofen (Motrin) 600 mg twice a day since at least August 2014, which exceeds the guideline recommendations of dosage and duration of treatment. There is no documentation of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications as a result of Ibuprofen (Motrin) use to date. In addition, there is no rationale provided for the use or request of two (2) NSAIDs (Motrin and Celebrex). Medical necessity of the requested medication has not been established. The requested medication is not medically necessary.

Vistaril: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG-TWC Pain Procedure Summary Online version- Antiemetics (for opioid nausea).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Medscape Internal Medicine (2014).

Decision rationale: Vistaril (Hydroxyzine) is used as a sedative to treat anxiety, tension, and an antiemetic. Guidelines do not recommend antiemetics for opioid nausea. Vistaril also acts as an antihistamine and used to treat allergic skin reactions. In this case, there is no documentation that the patient has any of these conditions to warrant the use of this medication. Medical necessity for Vistaril has not been established. The requested medication is not medically necessary.

Baclofen 10mg: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants for pain. Decision based on Non-MTUS Citation ODG-TWC Pain Procedure Summary Online Version- muscle relaxants.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 299; 308, Chronic Pain Treatment Guidelines Muscle Relaxants (for pain) Page(s): 63- 66.

Decision rationale: Per the California Medical Treatment Utilization Schedule (CMTUS) guidelines, non-sedating muscle relaxants are recommended with caution as a "second-line option for short-term treatment of acute exacerbations in patients with chronic low back pain". The combination of muscle relaxants with non-steroidal anti-inflammatory drugs has shown no additional benefit. The efficacy appears to diminish over time, and prolonged use of some medications in this class may lead to dependence. The CMTUS guidelines recommend Baclofen for treatment of spasticity and muscle spasm related to multiple sclerosis and spinal cord injuries. Benefits in the treatment of lancinating, paroxysmal neuropathic pain have been noted with the use of Baclofen. The ACOEM (American College of Occupational and Environmental Medicine) guidelines recommend muscle relaxants for the short-term treatment of acute spasms of the low back. There is lack of evidence of acute muscle spasm or acute exacerbation of the injured worker's chronic low back pain. There were no objective findings of muscle spasm on the physical exam. In addition, there is lack of evidence of the injured worker having muscle spasms due to multiple sclerosis or a spinal cord injury, or having lancinating, paroxysmal neuropathic pain. Therefore, the Baclofen is not medically necessary.

Lidoderm 5% patch #30 with 3 refills (1x4): 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); Topical Analgesics Page(s): 56-57; 111-113.

Decision rationale: According to the California MTUS Guidelines, topical analgesics, such as Lidoderm patches, are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. These agents are applied topically to painful areas with advantages that include lack of systemic side effects, absence of drug interactions, and no need to titrate. Many agents are compounded as monotherapy or in combination for pain control, for example, NSAIDs, opioids, or antidepressants. Lidoderm is the brand name for a lidocaine patch. Topical lidocaine may be recommended for localized peripheral pain after there has been evidence of a trial of first-line therapy (tricyclic or SNRI anti-depressants, or an AED, such as gabapentin or Lyrica). Lidoderm patches are not a first-line treatment and are 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. In addition, this medication is not generally recommended for treatment of osteoarthritis or treatment of myofascial pain/trigger points. In this case, there was a lack of evidence of the injured worker having failed trials of tricyclic or serotonin-norepinephrine reuptake inhibitor antidepressants or an anticonvulsant. In addition, there was a lack of evidence to support that the injured worker has neuropathic pain. Medical necessity of the requested medication has not been established. The requested topical analgesic is not medically necessary.