

<b>Case Number:</b>	CM15-0147284		
<b>Date Assigned:</b>	08/10/2015	<b>Date of Injury:</b>	11/07/1996
<b>Decision Date:</b>	09/23/2015	<b>UR Denial Date:</b>	07/13/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/29/2015

### 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

### 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 65-year-old female who sustained an industrial injury on November 7, 1996 resulting in radiating neck and low back pain. She was diagnosed with brachia neuritis or radiculitis, spinal stenosis of the cervical region, lumbosacral spondylosis without myelopathy, and thoracic and lumbosacral neuritis or radiculitis. Documented treatment has included transforaminal epidural steroid injections with reported 50 - 80 percent improvement lasting over three months, medications, and trigger point injections which she has also reported to help reduce pain. The injured worker continues to radiating upper and lower back pain, and low back muscle spasms. The treating physician's plan of care includes a one year gym membership, Metformin 500 mg, Farxiga 5 mg, Lidoderm patches, Omeprazole DR 20 mg, and, Tramadol 50 mg. She is presently not working.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Gym membership, one year:** Upheld

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

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Thoracic & Lumbar (acute & chronic) chapter under Gym memberships.

**Decision rationale:** The 65 year old patient complains of neck pain radiating to bilateral upper extremities, lower back pain radiating to bilateral lower extremities, and abdominal pain, rated at 7/10 with medications and 9/10 without medications, as per progress report dated 06/16/15. The request is for gym membership, one year. The RFA for this case is dated 07/06/15, and date of injury is 06/01/04. Diagnoses, as per progress report dated 06/16/15, included cervical radiculopathy, cervical spinal stenosis, lumbar facet arthropathy, lumbar radiculopathy, lumbar spinal stenosis, insomnia, medication-related dyspepsia, and chronic nausea and vomiting. Medications included Lidoderm 5%, Tizanidine, Duloxetine, Gabapentin, Metformin, Omeprazole and Tramadol. The patient is retired, as per the same progress report. MTUS and ACOEM guidelines are silent regarding gym membership. The ODG guidelines Lower back Thoracic & Lumbar (acute & chronic) chapter under Gym memberships state: Not recommended as a medical prescription unless monitored and administered by medical professionals. While a home exercise program is of course recommended, more elaborate personal care where outcomes are not monitored by a health professional, such as gym memberships or advanced home exercise equipment, may not be covered under this guideline, although temporary transitional exercise programs may be appropriate for patients who need more supervision. In this case, a request for gym membership is noted in progress report dated 06/16/15. The treater, however, does not explain the purpose of the request. As per the report, the patient is on a home exercise program. There is no discussion regarding the need for specialized equipment. There is no documentation of specific objective and subjective outcomes with regards to gym membership. There is no indication that the exercise regimen will be supervised by a medical professional, as required by ODG. Hence, it IS NOT medically necessary.

**Metformin 500mg 2 BID #120:** Overturned

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Diabetes chapter, Metformin.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Diabetes (Types 1, 2 and Gestational) chapter under 'Metformin (Glucophage)'.  
ODG

**Decision rationale:** The 65 year old patient complains of neck pain radiating to bilateral upper extremities, lower back pain radiating to bilateral lower extremities, and abdominal pain, rated at 7/10 with medications and 9/10 without medications, as per progress report dated 06/16/15. The request is for METFORMIN 500mg 2 BID #120. The RFA for this case is dated 07/06/15, and date of injury is 06/01/04. Diagnoses, as per progress report dated 06/16/15, included cervical radiculopathy, cervical spinal stenosis, lumbar facet arthropathy, lumbar radiculopathy, lumbar spinal stenosis, insomnia, medication-related dyspepsia, and chronic nausea and vomiting. Medications included Lidoderm 5%, Tizanidine, Duloxetine, Gabapentin, Metformin, Omeprazole and Tramadol. The patient is retired, as per the same progress report. ODG

Guidelines, Diabetes (Types 1, 2 and Gestational) chapter under 'Metformin (Glucophage)', states: Recommended as first-line treatment of type 2 diabetes to decrease insulin resistance. (Nicholson, 2011) As a result of its safety and efficacy, metformin should also be the cornerstone of dual therapy for most patients. Metformin is effective in decreasing both fasting and postprandial glucose concentrations. In this case, Metformin is first noted in progress report dated 12/05/13. The patient has been taking the medication consistently at least since then. It is not clear when the medication was prescribed for the first time. As per progress report dated 06/16/15, Metformin has been prescribed because the patient has been diagnosed with Type II diabetes and her use of anti-inflammatory corticosteroids for chronic pain relief may further elevate blood sugar levels. The progress reports do not document the patient's blood sugar levels but the treater states that the medication is "beneficial with intended effect at prescribed dose." ODG supports the use Metformin in individuals with diabetes. Hence, the request appears reasonable and IS medically necessary.

**Farxiga 5mg BID #60:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation <http://www.drugs.com/pro/farxiga.html>.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation [www.nlm.nih.gov/medlineplus/druginfo/meds/a614015.html](http://www.nlm.nih.gov/medlineplus/druginfo/meds/a614015.html).

**Decision rationale:** The 65 year old patient complains of neck pain radiating to bilateral upper extremities, lower back pain radiating to bilateral lower extremities, and abdominal pain, rated at 7/10 with medications and 9/10 without medications, as per progress report dated 06/16/15. The request is for FARXIGA 5mg BID #6. The RFA for this case is dated 07/06/15, and date of injury is 06/01/04. Diagnoses, as per progress report dated 06/16/15, included cervical radiculopathy, cervical spinal stenosis, lumbar facet arthropathy, lumbar radiculopathy, lumbar spinal stenosis, insomnia, medication-related dyspepsia, and chronic nausea and vomiting. Medications included Lidoderm 5%, Tizanidine, Duloxetine, Gabapentin, Metformin, Omeprazole and Tramadol. The patient is retired, as per the same progress report. MTUS, ODG and ACOEM guidelines do not discuss this request. As per MedlinePlus, a service of the U.S. National Library of Medicine at <https://www.nlm.nih.gov/medlineplus/druginfo/meds/a614015.html>, states "Dapagliflozin is used along with diet and exercise, and sometimes with other medications, to lower blood sugar levels in patients with type 2 diabetes (condition in which blood sugar is too high because the body does not produce or use insulin normally)." MedlinePlus also states that "FDA is warning that the type 2 diabetes medicines canagliflozin, dapagliflozin, and empagliflozin may lead to ketoacidosis, a serious condition where the body produces high levels of blood acids called ketones that may require hospitalization." In this case, Farxiga is first noted in progress report dated 01/16/15 and has been taking the medication consistently at least since then. The progress reports do not document the patient's blood sugar levels. However, in progress report dated 06/16/15, the treater states that the medication is "beneficial with intended effect at prescribed dose." MTUS, ODG and ACOEM guidelines do not discuss this request. MedlinePlus states that Farxiga can be used for Diabetes but it has poor side effect profile. Additionally, the treater does not discuss the purpose of this medication. It is not clear why the patient's blood sugar levels are not managed with Metformin alone. Given the lack of relevant documentation, the request IS NOT medically necessary.

**Lidoderm 5%patch, apply 2 patches, 12 hrs on 12hrs off #60: Overturned**

**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 Lidoderm (Lidocaine Patch) Page(s): 57.

**Decision rationale:** The 65 year old patient complains of neck pain radiating to bilateral upper extremities, lower back pain radiating to bilateral lower extremities, and abdominal pain, rated at 7/10 with medications and 9/10 without medications, as per progress report dated 06/16/15. The request is for Lidoderm 5%patch, apply 2 patches, 12 hrs on 12 hrs off #60. The RFA for this case is dated 07/06/15, and date of injury is 06/01/04. Diagnoses, as per progress report dated 06/16/15, included cervical radiculopathy, cervical spinal stenosis, lumbar facet arthropathy, lumbar radiculopathy, lumbar spinal stenosis, insomnia, medication-related dyspepsia, and chronic nausea and vomiting. Medications included Lidoderm 5%, Tizanidine, Duloxetine, Gabapentin, Metformin, Omeprazole and Tramadol. The patient is retired, as per the same progress report. MTUS guidelines page 57, Lidoderm (Lidocaine Patch) section states, "topical lidocaine may be recommended for localized peripheral pain after there has been evidence of a trial of first-line therapy --tri-cyclic or SNRI anti-depressants or an AED such as gabapentin or Lyrica." Page 112 also states, "Lidocaine indication: neuropathic pain. Recommended for localized peripheral pain." In this case, the patient has been taking Lidoderm patch at least since 12/05/13. It is not clear when the medication was prescribed for the first time. In progress report dated 06/16/15, the treater states that medications help reduce pain from 9/10 to 7/10. The treater also states that Lidoderm patch is "beneficial with intended effect." However, in the same report, the treater also states that the patient has significant ADL limitations. Additionally, MTUS guidelines state that Lidocaine patches are appropriate for localized peripheral neuropathic pain. This patient does not present with localized peripheral neuropathic pain, for which Lidocaine patches are indicated. This request is not in accordance with guideline indications. Therefore, the request IS NOT medically necessary.

**Omeprazole DR 20mg GD #30: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk.

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

**Decision rationale:** The 65 year old patient complains of neck pain radiating to bilateral upper extremities, lower back pain radiating to bilateral lower extremities, and abdominal pain, rated at 7/10 with medications and 9/10 without medications, as per progress report dated 06/16/15. The request is for Omeprazole DR 20mg GD #30. The RFA for this case is dated 07/06/15, and date of injury is 06/01/04. Diagnoses, as per progress report dated 06/16/15, included cervical radiculopathy, cervical spinal stenosis, lumbar facet arthropathy, lumbar radiculopathy, lumbar spinal stenosis, insomnia, medication-related dyspepsia, and chronic nausea and vomiting. Medications included Lidoderm 5%, Tizanidine, Duloxetine, Gabapentin, Metformin, Omeprazole and Tramadol. The patient is retired, as per the same progress report. MTUS pg 69, NSAIDs, GI symptoms & cardiovascular risk Section states, "Clinicians should weight the indications for NSAIDs against both GI and cardiovascular risk factors. Determine if the patient is at risk for gastrointestinal events: (1) age > 65 years; (2) history of peptic ulcer, GI bleeding

or perforation; (3) concurrent use of ASA, corticosteroids, and/or an anticoagulant; or (4) high dose/multiple NSAID (e.g., NSAID + low-dose ASA)." "Treatment of dyspepsia secondary to NSAID therapy: Stop the NSAID, switch to a different NSAID, or consider H2-receptor antagonists or a PPI." In this case, the patient has been taking Omeprazole at least since 01/16/15. The treater does not discuss the purpose nor does the treater document efficacy. Prophylactic use of PPI is indicated by MTUS. However, treater has not provided GI risk assessment for prophylactic use of PPI, as required by MTUS. Provided progress reports do not show evidence of gastric problems, and there is no mention of GI issues. Additionally, the patient does not appear to be on NSAIDs. Hence, this request IS NOT medically necessary.

**Tramadol 50mg BID #60:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for use of Opioids Page(s): 74-80.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Medications for chronic pain CRITERIA FOR USE OF OPIOIDS Page(s): 60, 61, 76-78, 88,89.

**Decision rationale:** The 65 year old patient complains of neck pain radiating to bilateral upper extremities, lower back pain radiating to bilateral lower extremities, and abdominal pain, rated at 7/10 with medications and 9/10 without medications, as per progress report dated 06/16/15. The request is for TRAMADOL 50mg BID #60. The RFA for this case is dated 07/06/15, and date of injury is 06/01/04. Diagnoses, as per progress report dated 06/16/15, included cervical radiculopathy, cervical spinal stenosis, lumbar facet arthropathy, lumbar radiculopathy, lumbar spinal stenosis, insomnia, medication-related dyspepsia, and chronic nausea and vomiting. Medications included Lidoderm 5%, Tizanidine, Duloxetine, Gabapentin, Metformin, Omeprazole and Tramadol. The patient is retired, as per the same progress report. MTUS Guidelines pages 88 and 89 states, "Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." MTUS page 78 also requires documentation of the 4As (analgesia, ADLs, adverse side effects, and adverse behavior), as well as "pain assessment" or outcome measures that include current pain, average pain, least pain, intensity of pain after taking the opioid, time it takes for medication to work and duration of pain relief. MTUS p77 states, "function should include social, physical, psychological, daily and work activities, and should be performed using a validated instrument or numerical rating scale." In this case, a prescription for Tramadol is first noted in progress report dated 01/16/15. In progress report dated 06/16/15, the treater states that medications help reduce pain from 9/10 to 7/10. However, in the same report, the treater also states that the patient "reports ongoing activity of daily living limitations in the following areas due to pain: self care & hygiene, activity, ambulation, hand function, sleep and sex," and the pain "worsened since her last visit." MTUS requires a clear documentation regarding impact of Norco on 4As, including analgesia, ADLs, adverse side effects, and aberrant behavior, for continued opioid use. Given the lack of efficacy, this request IS NOT medically necessary.