

Case Number:	CM15-0168470		
Date Assigned:	09/09/2015	Date of Injury:	06/27/2011
Decision Date:	10/13/2015	UR Denial Date:	08/06/2015
Priority:	Standard	Application Received:	08/26/2015

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 49 year old female, who sustained an industrial injury on 6-27-2011. The injured worker was diagnosed as having cervical strain, cervical degenerative disc disease, cervical radiculopathy, left shoulder impingement syndrome, and left bicep tendinosis. Treatment to date has included diagnostics, physical therapy, home exercise, work restrictions, epidural steroid injections, acupuncture, and medications. On 5-11-2015, Norco was denied and Tramadol was started for pain levels rated 8-9 out of 10. Gabapentin was discontinued due to nausea and dizziness and Lyrica was noted, along with Omeprazole. It was also documented that the Utilization Review non-certified Norco, Diclofenac, Nizatidine, and Lidoderm. Currently (7-22-2015), the injured worker complains of continued cervicobrachial and lumbar pain, ranging from 6-9 out of 10, improved with rest and medications. She continued to experience left greater than right myofascial pain in her cervicothoracic paraspinals, radiating into her shoulder and elbow. She complained of radiculitis, numbness and tingling involving her left neck, shoulder and arm. She reported loss of dexterity and strength in her left upper extremity and reported that she often dropped items out of her left hand, but noted similar symptoms on the right. It was also noted that she had a history of gastritis and reported depression and insomnia. She was "well managed on Tramadol and has not demonstrated any aberrant behavior". She failed to demonstrate a significant improvement in her chronic pain with conservative therapy, medications, and interventional spine procedures. She was authorized for 9 sessions of acupuncture. Cervical magnetic resonance imaging (11-03-2011) documented C3-4 and C4-5 small central disc protrusions, without deformity of the spinal cord, central canal, or foraminal

stenosis, and C5-6 broad based central disc protrusions with minimal deformity of the anterior spinal cord, and unciniate process spurring results in mild right foraminal narrowing. Current medications included Norco (denied), Ultracet, Celebrex, and Lyrica. Exam of the cervical spine noted limited range of motion, tenderness, and trigger points. Hawkin's and Speed's tests were positive on the left and sensation was intact, except for the left C7-8 and left L5-S1. The lumbar spine also noted tenderness over the left paraspinals and piriformis muscle-sciatic notch. She was working full duty. A request for authorization (7-22-2015) noted Ultracet, Lido Hydrochloride, and Nizatidine. On 8-06-2015, the Utilization Review non-certified a request for Ultracet, Lido Hydrochloride, and Nizatidine (prescribed 7-22-2015).

IMR ISSUES, DECISIONS AND RATIONALES

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

Ultracet 325/37.5mg #60, prescribed 07/22/15: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Chapter, Opioids, specific drug list, Tramadol/Acetaminophen and on the Non-MTUS website, MedicineNet.com.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Medications for chronic pain, Opioids, criteria for use, Opioids for chronic pain.

Decision rationale: The patient presents with low back pain and neck pain that radiates into the bilateral upper extremities, left greater than right. The request is for Ultracet 325/37.5mg #60, prescribed 7/22/15. Physical examination to the cervical spine on 03/30/15 revealed tenderness to palpation over the C4-C7 paraspinals bilaterally. Range of motion was noted to be limited. Examination to the lumbar spine revealed tenderness to palpation over the left L4/5 and L5/S1 paraspinals and piriformis muscle/sciatic notch. Range of motion was limited in all planes. Patient's treatments have included medication, injections, physical therapy, chiropractic and acupuncture. Per 04/20/15 progress report, patient's diagnosis include head contusions, cervical degenerative disc disease, cervical radiculopathy, left shoulder impingement syndrome, and left biceps tendinitis. Patient's medications, per 07/01/15 Request for Authorization form include Lyrica, Lidoderm Patch, Celebrex, Ultracet, and Omeprazole. Patient is working regular duties. MTUS, CRITERIA FOR USE OF OPIOIDS Section, 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, CRITERIA FOR USE OF OPIOIDS Section, 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, CRITERIA FOR USE OF OPIOIDS Section, p77, states that "function should include social, physical, psychological, daily and work activities, and should be performed using a validated instrument or numerical rating scale." MTUS, MEDICATIONS FOR CHRONIC PAIN Section, page 60 states that "Relief of pain with the use of medications is generally temporary, and measures of the lasting benefit from this modality should include evaluating the effect of pain relief in relationship to improvements in function and

increased activity." MTUS, page 113 regarding Tramadol (Ultram) states: Tramadol (Ultram) is a centrally acting synthetic opioid analgesic and it is not recommended as a first-line oral analgesic. For more information and references, see Opioids. See also Opioids for neuropathic pain. The provider does not specifically discuss this request. Review of the medical records provided indicate that the patient has been utilizing Ultracet/Tramadol since at least 05/11/15. However, there are no discussions in regards to this medication's impact on the patient's pain and function. No before and after pain scales were used for analgesia. No ADL's were discussed showing specific functional improvement. No UDS test results and CURES reports were available; there were no discussions on adverse effect and other measures of aberrant behavior either. Outcome measures were not discussed and no validated instruments were used showing functional improvement as required by MTUS. Furthermore, MTUS does not support long-term use of opiates for chronic low back pain and on-going use of opiates does not appear appropriate for this patient's condition. The request is not medically necessary.

Lido Hydrochloride 3%, prescribed 07/22/15: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Lidoderm (lidocaine patch), Topical Analgesics.

Decision rationale: The patient presents with low back pain and neck pain that radiates into the bilateral upper extremities, left greater than right. The request is for lido hydrochloride 3%, prescribed 7/22/15. Physical examination to the cervical spine on 03/30/15 revealed tenderness to palpation over the C4-C7 paraspinals bilaterally. Range of motion was noted to be limited. Examination to the lumbar spine revealed tenderness to palpation over the left L4/5 and L5/S1 paraspinals and piriformis muscle/sciatic notch. Range of motion was limited in all planes. Patient's treatments have included medication, injections, physical therapy, chiropractic and acupuncture. Per 04/20/15 progress report, patient's diagnosis include head contusions, cervical degenerative disc disease, cervical radiculopathy, left shoulder impingement syndrome, and left biceps tendinitis. Patient's medications, per 07/01/15 Request for Authorization form include Lyrica, Lidoderm Patch, Celebrex, Ultracet, and Omeprazole. Patient is working regular duties. MTUS Chronic Pain Medical Treatment Guidelines 2009, pages 56 and 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)." MTUS Page 112, for Topical Analgesics, also states, "Lidocaine Indication: Neuropathic pain Recommended for localized peripheral pain." When reading ODG guidelines, chapter 'Pain (Chronic)' and topic 'Lidoderm (Lidocaine patch)', it specifies that lidoderm patches are indicated as a trial if there is "evidence of localized pain that is consistent with a neuropathic etiology." ODG further requires documentation of the area for treatment, trial of a short-term use with outcome documenting pain and function. The provider does not discuss this request. Review of the medical records provided indicate that the patient has been utilizing Lidoderm Patches since at least 11/10/14. However, the provider has not discussed how this medication specifically helps in pain reduction and functional improvement. MTUS page 60 requires recording of pain and function when medications are used

for chronic pain. Furthermore, the guidelines do not recommend this medication for axial spinal pain. The request does not meet guideline recommendations and therefore, is not medically necessary.

Nizatidine 150mg #60, prescribed 07/22/15: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009. Decision based on Non-MTUS Citation website, <http://www.medicinenet.com/nizatidine/article.htm> and on the Non-MTUS US National Library of Medicine website, <http://www.nlm.nih.gov/medlineplus/druginfo/meds/a694030.html>.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation www.fda.gov.

Decision rationale: The patient presents with low back pain and neck pain that radiates into the bilateral upper extremities, left greater than right. The request is for nizatidine 150mg #60, prescribed 7/22/15. Physical examination to the cervical spine on 03/30/15 revealed tenderness to palpation over the C4-C7 paraspinals bilaterally. Range of motion was noted to be limited. Examination to the lumbar spine revealed tenderness to palpation over the left L4/5 and L5/S1 paraspinals and piriformis muscle/sciatic notch. Range of motion was limited in all planes. Patient's treatments have included medication, injections, physical therapy, chiropractic and acupuncture. Per 04/20/15 progress report, patient's diagnosis include head contusions, cervical degenerative disc disease, cervical radiculopathy, left shoulder impingement syndrome, and left biceps tendinitis. Patient's medications, per 07/01/15 Request for Authorization form include Lyrica, Lidoderm Patch, Celebrex, Ultracet, and Omeprazole. Patient is working regular duties. Nizatidine is a Histamine-2 Receptor Antagonist used to treat GERD. Regarding Nizatidine, there is no discussion in ACOEM, MTUS, ODG or Aetna. According to FDA.gov, Nizatidine is indicated for up to 8 weeks for the treatment of active duodenal ulcer/active benign gastric ulcer, and for up to 12 weeks for the treatment of endoscopically diagnosed esophagitis, including erosive and ulcerative esophagitis, and associated heartburn due to GERD. For similar medication proton pump inhibitors, MTUS supports it for prophylactic use along with an oral NSAID when GI risk assessments are provided. In a progress report dated 07/22/15, the provider is requesting authorization for Celebrex due to a history of gastritis. Review of the medical records indicate that the patient has been utilizing Nizatidine, along with Celebrex since at least 11/10/14. Given the patient's gastritis history and utilization of NSAIDs, the request appears reasonable and in accordance with guideline recommendations. Therefore, the request is medically necessary.