

<b>Case Number:</b>	CM15-0199120		
<b>Date Assigned:</b>	10/14/2015	<b>Date of Injury:</b>	03/08/2010
<b>Decision Date:</b>	11/25/2015	<b>UR Denial Date:</b>	10/01/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/09/2015

### 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 56 year old female who sustained an industrial injury on 3-8-10. The medical records indicate that the injured worker is being treated for chronic pain; cervicogenic headaches; cervical degenerative disc and degenerative joint disease; potentially disc annular disruption syndrome and facet capsular tears; temporomandibular joint disorder; shoulder impingement syndrome; nerve entrapment of left upper extremity, potential epicondylitis; lumbosacral spinal injury; bilateral interarticular knee injury; thoracic spine sprain-strain with muscle spasm on the right side. She currently (9-28-15) complains of cervical pain with radiation down arms with numbness and tingling and a pain level of 5 out of 10; cervicogenic headaches; per 7-24-15 documentation there is lumbar spine pain, bilateral lower extremity pain worse on the left than right; bilateral groin pain. Her pain level was 5 out of 10 on 9-28-15 and 5 out of 10 on 7-21-10 for both neck and back. Documentation (9-28-15) indicates that the injured worker has "nociceptive, neuropathic and inflammatory pain." The documentation indicates no evidence of drug abuse or diversion, no aberrant behavior and no side effects. Most recent urine drug screen (11-5-14) was normal "as they all are, she has no signs of illicit drug abuse, diversion, and habituation and on the lowest effective dosing with about 60% improvement in pain." On physical exam of the neck there was pain on palpation over the C2, to C3, C3 to C4 facet capsules, left and right side, along with secondary myofascial pain with triggering, ropey fibrotic banding and spasm bilateral, pain with rotational extension indicative of facet tears bilaterally with secondary myofascial pain; lumbosacral there was pain with Valsalva, positive Faber maneuver left, positive Patrick's maneuver bilateral, pain to palpation over the L4 to L5 and L5 to S1 facet capsule bilateral, pain with rotational extension "indicative of facet capsular

tears bilaterally and secondary myofascial pain with triggering and ropey fibrotic banding bilateral, less allydonia, however marked myofascialpain." L4 dermatome demonstrates decreased light touch sensation on the left. She is unable to drive due to her neck pain. Diagnostics included MRI of the lumbar spine shows at L3-4 loss of disc space signal, L4-5 shows loss of disc space significant, grade 1 spondylolisthesis, disc bulging; MRI of the cervical spine (7-25-12) showing disc protrusion with mild facet narrowing. Treatments to date include heat with benefit; acupuncture with benefit; medications: docusate , Nucynta (since at least 7-21-10), Prilosec; Norco; Lidoderm; transforaminal epidural steroid injection left L5-S1, left S1 on 8-3-11 with marked and substantial benefit for axial spinal pain and increased functional capacity; acupuncture with encouraging results; status post microendoscopic discectomy at L3-4 (1-15-03)' status post C5-6 anterior cervical discectomy and fusion (12-12-13); radiofrequency ablation at C2-3 and C4 (2-2015); physical therapy. The request for authorization dated 9-23-15 was for sacroiliac joint injection under fluoroscopy. The request for authorization dated 4-6-15 was for Nucynta 100mg #60. The request for Diclofenac 1.5%, baclofen 0.2, Lidocaine 1.5%, Prilocaine 1.5% cream was not present. On 10-1-15 Utilization Review non-certified the request for sacroiliac joint injection left side; Nucynta 100mg #60 modified to #45; Diclofenac 1.5%, baclofen 0.2, Lidocaine 1.5%,Prilocaine 1.5% cream.

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

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

#### **SI (sacroiliac) joint injection, left side, under fluoroscopy QTY 1: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Work Loss Data Institute, Official Disability Guidelines (ODG) Treatment in Workers Compensation, 2011, updated 5/31/2011, Hip and Pelvis, Sacroiliac joint blocks.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back Chapter under SI joint injections.

**Decision rationale:** The patient was injured on 03/08/10 and presents with neck pain and low back pain. The request is for SI (sacroiliac) joint injection, left side, under fluoroscopy QTY 1. The RFA is dated 09/23/15 and the patient is permanent and stationary. It appears that the patient had a prior SI joint injection (date unknown). ODG Guidelines, Low Back Chapter under SI joint injections Section, "Not recommend therapeutic sacroiliac intra-articular or periarticular injections for non-inflammatory sacroiliac pathology (based on insufficient evidence for support). Recommend on a case-by-case basis injections for inflammatory spondyloarthropathy (sacroiliitis). This is a condition that is generally considered rheumatologic in origin (classified as ankylosing spondylitis, psoriatic arthritis, reactive arthritis, arthritis associated with inflammatory bowel disease, and undifferentiated spondyloarthropathy). Instead of injections for non-inflammatory sacroiliac pathology, conservative treatment is recommended. The patient is diagnosed with chronic pain; cervicogenic headaches; cervical degenerative disc and degenerative joint disease; potentially disc annular disruption syndrome and facet capsular tears;

temporomandibular joint disorder; shoulder impingement syndrome; nerve entrapment of left upper extremity, potential epicondylitis; lumbosacral spinal injury; bilateral interarticular knee injury; thoracic spine sprain-strain with muscle spasm on the right side. The reason for the request is not provided. The 09/23/15 report states that the patient is "status post SI joint injection without substantial clinical benefit indicating that she does not have an SI joint injury." In this case, the patient does not present with inflammatory SI joint problems. ODG guidelines do not recommend SI Joint Injections for non-inflammatory sacroiliac pathology. This request does not meet guidelines indication for left sacroiliac injection. Therefore, the request is not medically necessary.

**Nucynta 100mg QTY 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 (ODG) Treatment in Workers' Comp 2012 on the web ([www.odgtreatment.com](http://www.odgtreatment.com)). Work Loss Data Institute ([www.worklossdata.com](http://www.worklossdata.com)), (updated 2/14/2014): Tapenradol (Nucynta).

**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 was injured on 03/08/10 and presents with neck pain and low back pain. The request is for Nucynta 100 mg QTY 60. The RFA is dated 09/23/15 and the patient is permanent and stationary. She has been taking this medication as early as 05/04/15. 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 4 A's (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, OPIOIDS FOR CHRONIC PAIN Section, pages 80 and 81 states "There are virtually no studies of opioids for treatment of chronic lumbar root pain with resultant radiculopathy," and for chronic back pain, it "Appears to be efficacious but limited for short-term pain relief, and long-term efficacy is unclear (>16 weeks), but also appears limited." The 08/25/15 report states that the patient rated her pain as a 5/10. The patient has been continuing note substantial benefit of the medications, and she has nociceptive, neuropathic and inflammatory pain. There is no evidence of drug abuse or diversion, no aberrant behavior observed and no ADRs reported "she has no side effects UDS on November 05, 2014, she has no signs of illicit drug abuse, diversion, habituation and is on the lowest effective dosing." The 09/23/15 report indicates that she rated her pain as a 7/10. In this case, not all of the 4 A's are addressed as required by MTUS Guidelines. There are no before and after medication pain

scales provided nor are there any examples of ADLs, which demonstrate medication efficacy. No validated instruments are used either. There are no pain management issues discussed such as CURES report, pain contract, et cetera. No outcome measures are provided as required by MTUS Guidelines. The treating physician does not provide adequate documentation that is required by MTUS Guidelines for continued opiate use. The requested Nucynta is not medically necessary.

**Diclofenac 1.5%, Baclofen 0.2, Lidocaine 1.5%, Prilocaine 1.5% cream: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Topical Analgesics.

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

**Decision rationale:** The patient was injured on 03/08/10 and presents with neck pain and low back pain. The request is for Diclofenac 1.5%, Baclofen 0.2, Lidocaine 1.5%, Prilocaine 1.5% cream. The RFA is dated 09/23/15, the patient is permanent, and stationary. MTUS Guidelines, Topical Analgesics NSAIDs Section, page 111 states: "Topical Analgesics: Recommended as an option as indicated below. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. The FDA for neuropathic pain has designated topical lidocaine, in the formulation of a dermal patch (Lidoderm) for orphan status. Lidoderm is also used off-label for diabetic neuropathy. No other commercially approved topical formulations of lidocaine (whether creams, lotions or gels) are indicated for neuropathic pain." MTUS Guidelines page 111 states the following regarding topical analgesics: "largely experimental and used with few randomized controlled trials to determine efficacy or safety. There is little to no research to support the use of many of these agents." Regarding topical NSAIDs, page 111-113 states, "indications: Osteoarthritis and tendonitis, in particular that of the knee, and elbow or other joints that are amenable to topical treatment: Recommended for short term use (4-12 weeks). There is little evidence to utilize topical NSAIDs for treatment of osteoarthritis of the spine, hip, or shoulder. Neuropathic pain, not recommended as there is no evidence to support use." "There is currently one Phase III study of baclofen-amitriptyline-ketamine gel in cancer patients for treatment of chemotherapy-induced peripheral neuropathy. There is no peer review literature to support the use of topical baclofen." The patient is diagnosed with chronic pain; cervicogenic headaches; cervical degenerative disc and degenerative joint disease; potentially disc annular disruption syndrome and facet capsular tears; temporomandibular joint disorder; shoulder impingement syndrome; nerve entrapment of left upper extremity, potential epicondylitis; lumbosacral spinal injury; bilateral interarticular knee injury; thoracic spine sprain-strain with muscle spasm on the right side. MTUS guidelines state that "there is little evidence to utilize topical NSAIDs for treatment of osteoarthritis of the spine, hip, or shoulder." In this case, the patient presents with cervical and lumbar spine pain. Furthermore, MTUS page 111 states that if one of the compounded topical product is not recommended, then the entire product is not. The requested topical compound contains Lidocaine, which is not supported for topical use in lotion form per MTUS. The request is not medically necessary.