

<b>Case Number:</b>	CM15-0204404		
<b>Date Assigned:</b>	10/21/2015	<b>Date of Injury:</b>	04/01/2011
<b>Decision Date:</b>	12/29/2015	<b>UR Denial Date:</b>	10/08/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/19/2015

### 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: Oregon

Certification(s)/Specialty: Plastic Surgery, Hand Surgery

### 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 40 year old female with a date of injury on 04-01-2011. The injured worker is undergoing treatment for lumbar degenerative disc disease, lumbar radiculopathy, and post laminectomy syndrome. Comorbidities include hypertension, obesity and asthma. A physician progress note dated 09-30-2015 documents the injured worker continues to report lower back pain radiating into her bilateral legs left greater than right. She recently completed a psyche evaluation. She rates her pain as 6 out of 10 with this visit and she has pins and needles, stabbing, numbness, pressure and cramping. Her pain is constant. On a good day her pain is rated 6 out of 10, and on a bad day her pain is rated a 9 out of 10. She has severe paraspinal tenderness bilaterally. Severe left S1 joint tenderness and moderate right S1 joint tenderness. Lumbar range of motion is restricted. Straight leg raise is positive on the left-lying and positive on the right and left sitting. A physician progress note dated 08-04-2015 documents the injured worker pain is presently rated 6 out of 10, on a good day her pain is rated 7 out of 10 and on a bad day her pain is rated 9 out of 10. A physician note dated 07-14-2015 documents her pain as 6 out of 10, pain on a good day is 6-7 out of 10 and on a bad day pain is rated 8-9 out of 10. Treatment to date has included diagnostic studies, medications, status post lumbar fusion, epidural steroid injections, physical therapy, acupuncture, home exercises, and use of heat and ice. A urine drug screen done on 08-24-2015 was consistent with her medications. Medications include Tramadol (since at least 05-18-2015), Lidocaine 5% patch (since at least 05-18-2015), Cyclobenzaprine (since at least 05-18-2015), and Gabapentin (since at least 05-18-2015). Past tried medications were not documented. The Request for Authorization dated 10-01-2015

includes Cyclobenzaprine 10mg #30, Gabapentin 300mg #60 with 2 refills, Lidocaine 5 percent patch #30 with 1 refill and Tramadol HCL 50mg #30, spinal cord stimulator, Anesthesia X ray, and programming of stimulator, Leads-x ray and fluoroscopy. On 10-08-2015 Utilization Review non-certified the request for Cyclobenzaprine 10mg #30, Gabapentin 300mg #60 with 2 refills, Lidocaine 5 percent patch #30 with 1 refill and Tramadol HCL 50mg #30.

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

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

#### **Tramadol HCL 50mg #30: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids for chronic pain, Opioids, specific drug list, Opioid hyperalgesia, Weaning of Medications.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, specific drug list.

**Decision rationale:** Per ACOEM, Initial Approaches to Treatment, page 47 and 48, OPIOIDS: Opioids appear to be no more effective than safer analgesics for managing most musculoskeletal and eye symptoms; they should be used only if needed for severe pain and only for a short time. Opioids cause significant side effects, which the clinician should describe to the patient before prescribing them. Poor patient tolerance, constipation, drowsiness, clouded judgment, memory loss, and potential misuse or dependence has been reported in up to 35% of patients. Patients should be informed of these potential side effects. Per MTUS page 113: Tramadol (Ultram) is a centrally acting synthetic opioid analgesic and it is not recommended as a first-line oral analgesic. ACOEM does not support chronic use of opiates. Per ACOEM, opiates are used only for short-term acute pain exacerbations. Records indicate that the patient has been taking opiates for an extended period of time. The request exceeds recommended guidelines and is not medically necessary.

#### **Cyclobenzaprine 10mg #30: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Muscle relaxants (for pain).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Muscle relaxants (for pain).

**Decision rationale:** Per MTUS page 84: Cyclobenzaprine (Flexeril, Amrix, Fexmid TM, generic available): Recommended for a short course of therapy. Limited, mixed-evidence does not allow for a recommendation for chronic use. The patient has been on chronic muscle relaxants. MTUS supports only short-term use of these medications and only as a second line treatment. The request exceeds guidelines and is not medically necessary.

#### **Gabapentin 300mg #60 with 2 refills: Overturned**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Antiepilepsy drugs (AEDs).

**Decision rationale:** Per MTUS page 16: Anti-epilepsy drugs (AEDs) are also referred to as anti-convulsants: Recommended for neuropathic pain (pain due to nerve damage). Per MTUS page 18: Gabapentin (Neurontin, Gabarone TM, generic available) has been shown to be effective for treatment of diabetic painful neuropathy and postherpetic neuralgia and has been considered as a first-line treatment for neuropathic pain. The patient has chronic neuropathic pain. MTUS supports gabapentin as a first line treatment for the management of back pain. The request is medically necessary and is supported by MTUS guidelines.

**Lidocaine 5 percent patch #30 with 1 refill:** 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:** Topical Lidocaine: Per MTUS, page 56: Lidoderm is the brand name for a lidocaine patch produced by [REDACTED]. 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). This is not a first-line treatment and is only FDA approved for post-herpetic neuralgia. MTUS does not support this medication as a first line treatment for neuropathic pain. The request exceeds guidelines. Lidocaine is not medically necessary.