

<b>Case Number:</b>	CM15-0212125		
<b>Date Assigned:</b>	11/02/2015	<b>Date of Injury:</b>	10/17/2012
<b>Decision Date:</b>	12/31/2015	<b>UR Denial Date:</b>	10/22/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/28/2015

### 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 63 year old female who sustained an industrial injury on 10-17-12. She is not working. Medical records indicate that the injured worker has been treated for lumbar degenerative disc disease; lumbar sprain-strain; depression; chronic thoracic strain. She currently (10-7-15) complains of lumbar spine pain with spasms and stiffness. She has difficulty with prolonged sitting, standing, with lifting, pushing, pulling, bending. She has sleep difficulties. She has a pain level of 6-7 out of 10. The physical exam of the lumbar spine revealed intact neurocirculatory system, spasms, normal but guarded range of motion due to pain. The issue of gastrointestinal problems was not present. Treatments to date include medications: hydrocodone, nortriptyline, omeprazole (since at least 4-15-15), baclofen (since at least 8-12-15), Lidoderm patch (since at least 4-15-15), Voltaren gel, Flexeril has been used since at least 6-17-14; physical therapy; aqua therapy; acupuncture, trigger point injections, Voltaren Gel and Lidoderm patches have been recommended since 2-18-14. The request for authorization dated 10-7-15 was for omeprazole 20mg #60; baclofen 10mg #60; Voltaren Gel 1% #2; Lidoderm Patch 5% #60. On 10-22-15 Utilization Review non-certified the requests for omeprazole 20mg #60; baclofen 10mg #60, modified to #20; Voltaren Gel 1% #2; Lidoderm Patch 5% #60.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Omeprazole 20mg #60: 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): NSAIDs, GI symptoms & cardiovascular risk. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) PPIs.

**Decision rationale:** According to the California MTUS (2009), Omeprazole (Prilosec), is proton pump inhibitor (PPI) that is recommended for patients taking NSAIDs, with documented GI distress symptoms, or at risk for gastrointestinal events. GI risk factors include: age >65, history of peptic ulcer, GI bleeding, or perforation; concurrent use of aspirin, corticosteroids, and/or anticoagulants, or high dose/multiple NSAIDs. PPIs are highly effective for their approved indications, including preventing gastric ulcers induced by NSAIDs. In this case, there is no documentation indicating that this patient has had any GI symptoms or risk factors. In addition, based on the available information provided for review, the patient has not been maintained on NSAIDs. The medical necessity for Omeprazole has not been established. The requested medication is not medically necessary.

**Baclofen 10mg #60: 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): Muscle relaxants (for pain). Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Muscle relaxants.

**Decision rationale:** The California MTUS Guidelines and the ODG recommends non-sedating muscle relaxants, such as Baclofen, with caution as a second-line option for short-term treatment of acute low back pain (LBP), and for short-term (<2 weeks) treatment of acute exacerbations in patients with chronic LBP. The mechanism of action is blockade of the pre- and post-synaptic GABA receptors. It is recommended orally for the treatment of spasticity and muscle spasm related to multiple sclerosis and spinal cord injuries. It is also a first-line option for the treatment of dystonia. Baclofen has been noted to have benefits for treating lancinating, paroxysmal neuropathic pain. In this case, there is no documentation provided necessitating the use of Baclofen. There is no evidence of objective functional benefit to support any subjective improvements noted. In addition, the cited guidelines do not recommend this medication to be used for longer than 2-3 weeks. Medical necessity for the requested medication has not been established. The requested item is not medically necessary.

**Voltaren Gel 1% #2: 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): Topical Analgesics.

**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 analgesic requested is Voltaren Gel 1%. According to the California MTUS guidelines, Voltaren (Diclofenac) gel is a topical non-steroidal anti-inflammatory drug (NSAID) used for the treatment of osteoarthritis and tendonitis, in particular, knee and elbow joints that are amenable to topical treatment. There is little evidence that supports topical NSAIDs as a treatment option for spine and shoulder conditions. It may also be useful for chronic musculoskeletal pain, but there are no long-term studies of their effectiveness or safety. The duration of effect is for a short-term use (4-12 weeks) with reported diminished effectiveness over time. There is little evidence to use topical NSAIDs for the treatment of osteoarthritis of the spine, hip, or shoulder. The only FDA-approved topical NSAIDs are diclofenac formulations. All other topical NSAIDs are not FDA approved. In this case, the submitted documentation does not indicate that the injured worker had a diagnosis of osteoarthritis. In addition, there was no dosage specified for the requested medication. Medical necessity for the requested topical gel has been not established. The requested 1% Voltaren Gel is not medically necessary.

**Lidoderm Patch 5% #60:** 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): Topical Analgesics.

**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 is no documentation of failed trials of first-line trials of oral antidepressants and anticonvulsant therapy. Medical necessity of the requested medication has not been established. The requested topical analgesic is not medically necessary.