

<b>Case Number:</b>	CM15-0041262		
<b>Date Assigned:</b>	04/10/2015	<b>Date of Injury:</b>	01/30/2012
<b>Decision Date:</b>	08/24/2015	<b>UR Denial Date:</b>	02/24/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/04/2015

### 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: Internal Medicine

### 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 58 year old male who sustained an industrial injury on 01/30/12. Initial complaints are not available. Treatments to date include medications, spinal surgery, a TENS unit, and an epidural steroid injection. Diagnostic studies are not addressed. Current complaints include leg weakness and dysesthesia pain. Current diagnose include lumbar disc disease, and lumbar radiculopathy. In a progress note dated 02/05/15 the treating provider reports the plan of care as facet injections, and possible radiofrequency ablation, and medications including naproxen, flexeril, flurbiprofen cream, tramadol, docuprene, lidocaine patches, and sprix NS Toradol. The requested treatments are flurbiprofen cream, flexeril, docuprene, lidocaine patches, sprix NS Toradol, a retrospective urine drug screen, and a facet injection.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Sprix NS Toradol #5:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Not addressed. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter.

**Decision rationale:** Sprix (ketorolac tromethamine nasal Spray) is FDA approved for the short-term treatment of moderate to moderately severe pain requiring analgesia at the opioid level. It is not recommended as a first-line medication for chronic pain. Per ODG, Sprix is recommended for the shortest duration possible and not to exceed 5 days. The injured worker complains of chronic radicular low back pain. Physician report at the time of the requested service under review fails to show acute exacerbation of symptoms. The medical necessity for ongoing use of Sprix is not established. The request for Sprix NS Toradol #5 is not medically necessary by guidelines.

**Lidocaine Patch 5% #30 with 3 refills:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111.

**Decision rationale:** Lidocaine is recommended for localized peripheral pain after there has been evidence of a trial of first-line therapy, including tri-cyclic or SNRI anti-depressants or an anti-epileptic drug. Per guidelines, further research is needed to recommend Lidoderm for the treatment of chronic neuropathic pain disorders other than post-herpetic neuralgia. The injured worker complains of chronic radicular low back pain. Physician reports fail to demonstrate supporting evidence of significant improvement in the injured worker's pain to justify continued use of Lidoderm patch. The request for Lidocaine Patch 5% #30 with 3 refills is not medically necessary by lack of meeting MTUS criteria.

**Flexeril 7.5mg #60:** Overturned

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain) Page(s): 63.

**Decision rationale:** Cyclobenzaprine (Flexeril) is a skeletal muscle relaxant and a central nervous system depressant recommended as a treatment option to decrease muscle spasm in conditions such as low back pain. Per MTUS guidelines, muscle relaxants are recommended for use with caution as a second-line option for only short-term treatment of acute exacerbations in patients with chronic low back pain. The greatest effect appears to be in the first 4 days of treatment and appears to diminish over time. Documentation indicates the injured worker is diagnosed with lumbar disc disease, and lumbar radiculopathy with objective findings of lumbar spine paraspinous muscle spasm at the time of the requested service. The recommendation for the use of Cyclobenzaprine for muscle spasm in this clinical scenario,

is appropriate for short term use and on as needed basis. The request for Flexeril 7.5mg #60 is medically necessary per MTUS guidelines.

**Flurbiprofen Cream 20% #2: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111.

**Decision rationale:** MTUS states that use of topical analgesics is primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. There is little to no research to support the use of many of these agents. Flurbiprofen is not FDA approved for topical application. Per guidelines, any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. The request for Flurbiprofen Cream 20% #2 is not medically necessary.

**Docuprene 100mg #60: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Not addressed. Decision based on Non-MTUS Citation <http://www.nlm.nih.gov/medlineplus>.

**Decision rationale:** Stool softeners are used on a short-term basis to treat constipation. Being that the injured worker is not taking Opioids or is not reported to have the diagnosis of Constipation, the use of Docuprene to treat possible opioid-induced constipation is not indicated. The request for Docuprene 100mg #60 is not medically necessary.

**Facet injections: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 309. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Facet joint intra-articular injections (therapeutic blocks).

**Decision rationale:** MTUS does not support the use of Facet Joint Injections. ODG recommends Facet joint intra-articular injections (therapeutic blocks) at no more than 2 joint levels at any one time in patients with low-back pain that is non-radicular, with no spinal stenosis or previous fusion. There should be evidence of a formal plan of additional evidence-based activity and exercise in addition to facet joint injection therapy and no more than one therapeutic

intra-articular block is recommended. If successful (initial pain relief of 70%, plus pain relief of at least 50% for a duration of at least 6 weeks), the recommendation is to proceed to a medial branch diagnostic block and subsequent neurotomy (if the medial branch block is positive). The injured worker complains of chronic radicular back pain with diagnoses including lumbar disc disease and lumbar radiculopathy. The request for Lumbar Facet Block L5-S1 under fluoroscopy is not medically necessary by lack of meeting MUS and ODG criteria.

**Retro Urine Drug Screen:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, differentiation: dependence & addiction Page(s): 85. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Opioids, Urine drug tests.

**Decision rationale:** MTUS recommends screening patients to differentiate between dependence and addiction to opioids. Frequency of urine drug testing should be based on documented evidence of risk stratification. Patients at low risk of addiction/aberrant behavior should be tested within six months of initiation of therapy and on a yearly basis thereafter. Random collection is recommended. Quantitative urine drug testing is not recommended for verifying compliance without evidence of necessity. Physician report at the time of the requested service under review fails to show that the injured worker is being treated with Opioid analgesics or at high risk of addiction or aberrant behavior to establish the medical necessity for urine drug testing. With guidelines not being met, the request for Retro Urine Drug Screen is not medically necessary.