

<b>Case Number:</b>	CM15-0051919		
<b>Date Assigned:</b>	03/25/2015	<b>Date of Injury:</b>	06/14/2010
<b>Decision Date:</b>	05/13/2015	<b>UR Denial Date:</b>	03/10/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/19/2015

### 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: California, Arizona  
 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 66-year-old male who reported an injury on 06/14/2010. The mechanism of injury was not provided. The injured worker was noted to utilize NSAIDs, gabapentin, opiates, omeprazole, and muscle relaxants since at least 09/2014. Prior therapies included acupuncture. The documentation of 02/03/2015 revealed the injured worker had undergone 17 sessions of chiropractic therapy with significant pain relief and 6 sessions of acupuncture therapy with significant pain relief. The injured worker's current medications were noted to include Prilosec 20 mg, Voltaren ER 100 mg, Flexeril 7.5 mg, gabapentin 600 mg, and topical creams. The current complaints included low back pain with cramping and numbness. The injured worker indicated the medications reduced his pain from 7/10 to 5/10 and allowed the injured worker to stand for a little longer. The injured worker denied side effects. The physical examination revealed the injured worker had tenderness to palpation of the lumbar paraspinals with spasms. The injured worker had restricted range of motion of the lumbar spine. The diagnoses included herniated nucleus pulposus of the lumbar spine with stenosis, lumbar radiculopathy, bilateral knee chondromalacia patella, bilateral wrist hand arthralgia, left shoulder subacromial decompression bursitis with SLAP lesion, and herniated nucleus pulposus of the cervical spine. The treatment plan included a refill of the medications and a trial of LidoPro to reduce radicular complaints. Additionally, the request was made for acupuncture to decrease pain.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**LidoPro ointment Qty 1 with 2 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 Salicylate Topicals, Topical Analgesic, Topical Capsaicin, Lidocaine Page(s): 105, 111, 28, 112.

**Decision rationale:** The California Medical Treatment Utilization Schedule Guidelines indicate that topical analgesics are largely experimental in use with few randomized control trials to determine efficacy or safety and are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Capsaicin is recommended only as an option in patients who have not responded or are intolerant to other treatments. There have been no studies of a 0.0375% formulation of capsaicin and there is no current indication that this increase over a 0.025% formulation would provide any further efficacy. The guidelines indicate that topical lidocaine (Lidoderm) may be recommended for localized peripheral pain after there has been evidence of a trial of first-line therapy (tricyclic or SNRI antidepressants or an AED such as gabapentin or Lyrica). No other commercially approved topical formulations of lidocaine (whether creams, lotions or gels) are indicated for neuropathic pain. The guidelines recommend treatment with topical salicylates. The clinical documentation submitted for review failed to provide the injured worker had a trial and a failure of antidepressants and anticonvulsants. The documentation indicated the injured worker was utilizing gabapentin. There was a lack of documentation of exceptional factors to warrant nonadherence to guideline recommendations. The request as submitted failed to indicate the frequency for the requested medication. There was a lack of documentation indicating a necessity for 2 refills without re-evaluation as this was the initial prescription. Given the above, the request for LidoPro ointment, quantity 1, with 2 refills is not medically necessary.

**Cyclobenzaprine 7.5 mg Qty 30 with 2 refills: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain) Page(s): 63-66.

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

**Decision rationale:** The California Medical Treatment Utilization Schedule Guidelines recommend muscle relaxants as a second line option for the short-term treatment of acute low back pain and their use is recommended for less than 3 weeks. There should be documentation of objective functional improvement. The clinical documentation submitted for review does provide evidence that the injured worker has been on this medication for an extended duration of time and there is a lack of documentation of objective improvement, with the exception of the injured worker being able to "stand longer." The clinical documentation submitted for review

failed to provide documentation of exceptional factors. There was a lack of documentation indicating a necessity for 2 refills without re-evaluation. The request as submitted failed to indicate the frequency for the requested medication. Given the above, the request for cyclobenzaprine 7.5 mg #30 with 2 refills is not medically necessary.

**Omeprazole 20 mg Qty 60 with 2 refills:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk Page(s): 68.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS Page(s): 69.

**Decision rationale:** The California Medical Treatment Utilization Schedule Guidelines recommend proton pump inhibitors for injured workers at intermediate risk or higher for gastrointestinal events. They are also for the treatment of dyspepsia secondary to NSAID therapy. The clinical documentation submitted for review failed to provide documentation the injured worker had dyspepsia. There were no signs or symptoms of dyspepsia noted. There was a lack of documentation of the efficacy of the requested medication. There was a lack of documentation indicating a necessity for 2 refills without re-evaluation. The request as submitted failed to indicate the frequency for the requested medication. Given the above, the request for omeprazole 20 mg quantity 60 with 2 refills is not medically necessary.

**Diclofenac ER (extended release) 100 mg Qty 60 with 2 refills:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory drugs) Page(s): 67-73.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS Page(s): 67.

**Decision rationale:** The California Medical Treatment Utilization Schedule Guidelines indicate that NSAIDS are recommended for short-term symptomatic relief of mild to moderate pain. There should be documentation of objective functional improvement and an objective decrease in pain. The clinical documentation submitted for review indicated the injured worker had an objective decrease in pain. There was a lack of documentation of objective functional improvement with the exception of being able to stand longer. Additionally, there was a lack of documentation indicating a necessity for 2 refills without re-evaluation. The request as submitted failed to indicate the frequency for the requested medication. Given the above, the request for diclofenac ER (extended release) 100 mg quantity 60 with 2 refills is not medically necessary.

**Acupuncture to lumbar spine, Qty 8:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Acupuncture Treatment Guidelines.

**MAXIMUS guideline:** Decision based on MTUS Acupuncture Treatment Guidelines.

**Decision rationale:** The California Medical Treatment Utilization Schedule Guidelines state that acupuncture is used as an option when pain medication is reduced or not tolerated and it is recommended as an adjunct to physical rehabilitation and/or surgical intervention to hasten functional recovery. The time to produce functional improvement is 3 to 6 treatments and acupuncture treatments may be extended if functional improvement is documented including either a clinically significant improvement in activities of daily living or a reduction in work restrictions. The injured worker underwent 6 sessions of prior acupuncture therapy. The clinical documentation submitted for review failed to provide documentation of a clinically significant improvement in activities of daily living or a reduction in work restrictions with prior therapy. Given the above, the request for acupuncture therapy to the lumbar spine, quantity 8, is not medically necessary.