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| <b>Case Number:</b>   | CM15-0068464 |                              |            |
| <b>Date Assigned:</b> | 04/23/2015   | <b>Date of Injury:</b>       | 07/09/2001 |
| <b>Decision Date:</b> | 07/21/2015   | <b>UR Denial Date:</b>       | 03/23/2015 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 04/10/2015 |

### 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: Pennsylvania

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 51-year-old male who sustained an industrial injury on July 9, 2001, incurring injuries to the knee and lower back. Treatment included physical therapy, epidural steroid injection, knee injections, transcutaneous electrical nerve stimulation (TENS), pain management and surgical interventions. He was diagnosed with a torn meniscus of the left knee and degenerative disc disease. In 2013, there was discussion of a lumbar MRI, which showed degenerative disc disease at L4-L5 with disc herniation and facet arthrosis. Medical history includes diabetes and hypertension. Avinza, norco, ambien, lidoderm, nexium, and mobic were prescribed since June of 2013. The documentation notes difficulty sleeping at night, and use of ambien for insomnia due to pain. Nexium was noted to be used to offset dyspepsia from medications. Reports in 2014 and 2015 note that the injured worker was not working. Medications as a group were noted to reduce pain from 10/10 to 4-9/10 and to improve activities of daily living. On 2/5/15, an orthopedic consultant noted ongoing knee issues status post knee replacement, and discussed the results of a consultation with a second orthopedic surgeon who felt the injured worker was not a candidate for surgery at this point, and consideration of a consult with a third orthopedic surgeon for an opinion regarding attempt at arthroscopic lysis of adhesions. Currently, at a visit on 3/5/15, the injured worker complained of severe back spasms radiating to the right leg. Examination showed left knee to be very swollen with crepitus on flexion to extension and no gross laxity with stress testing, limited range of motion of the lower back, positive straight leg raise bilaterally, sensory loss at the right lateral calf and bottom of the foot, weakness of the thigh flexors, knee extension, and great toe extension. A narcotic contract was noted and urine drug screens were noted to be appropriate. The treatment plan included

prescriptions for Avinza, Norco, Ambien, Mobic, Lidoderm, and Nexium, an orthopedic consultation, a magnetic resonance imaging of the cervical spine and magnetic resonance imaging of the thoracic spine. On 3/23/15, Utilization Review non-certified requests for the items currently under Independent Medical Review.

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

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

**Avinza 90mg #30: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines opioids Page(s): 74-96.

**Decision rationale:** This injured worker has chronic back and knee pain. Avinza and Norco have been prescribed for more than one year. There is insufficient evidence that the treating physician is prescribing opioids according to the MTUS, which recommends prescribing according to function, with specific functional goals, return to work, random drug testing, and opioid contract. There was no discussion of functional goals, and the documentation indicates that the injured worker has not returned to work. An opioid contract and urine drug screens were noted but not submitted. Per the MTUS, opioids are minimally indicated, if at all, for chronic non-specific pain, osteoarthritis, "mechanical and compressive etiologies," and chronic back pain. There is no evidence of significant pain relief or increased function from the opioids used to date. Although the physician documented that medications as a group resulted in improvement in pain, pain scores have not changed in many months. The injured worker was not working. Although medications as a group were noted to improve activities of daily living, there was no documentation of improvement in specific activities of daily living as a result of use of opioids. There was no documentation of decrease in medication use, and office visits have continued at the same frequency. The MTUS states that a therapeutic trial of opioids should not be employed until the patient has failed a trial of non-opioid analgesics. There is no evidence that the treating physician has utilized a treatment plan not using opioids, and that the patient "has failed a trial of non-opioid analgesics." Ongoing management should reflect four domains of monitoring, including analgesia, activities of daily living, adverse side effects, and aberrant drug-taking behaviors. The documentation does not reflect improvement in pain. Change in activities of daily living and screening for aberrant drug-taking behaviors were not documented. The MTUS recommends urine drug screens for patients with poor pain control and to help manage patients at risk of abuse. Although some reports mention that urine drug screens were consistent, there is no record of a urine drug screen program performed according to quality criteria in the MTUS and other guidelines, as dates and results of tests were not submitted. As currently prescribed, avinza does not meet the criteria for long term opioids as elaborated in the MTUS and is therefore not medically necessary.

**Norco 10/325mg #180: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines opioids Page(s): 74-96.

**Decision rationale:** This injured worker has chronic back and knee pain. Avinza and Norco have been prescribed for more than one year. There is insufficient evidence that the treating physician is prescribing opioids according to the MTUS, which recommends prescribing according to function, with specific functional goals, return to work, random drug testing, and opioid contract. There was no discussion of functional goals, and the documentation indicates that the injured worker has not returned to work. An opioid contract and urine drug screens were noted but not submitted. Per the MTUS, opioids are minimally indicated, if at all, for chronic non-specific pain, osteoarthritis, "mechanical and compressive etiologies," and chronic back pain. There is no evidence of significant pain relief or increased function from the opioids used to date. Although the physician documented that medications as a group resulted in improvement in pain, pain scores have not changed in many months. The injured worker was not working. Although medications as a group were noted to improve activities of daily living, there was no documentation of improvement in specific activities of daily living as a result of use of opioids. There was no documentation of decrease in medication use, and office visits have continued at the same frequency. The MTUS states that a therapeutic trial of opioids should not be employed until the patient has failed a trial of non-opioid analgesics. There is no evidence that the treating physician has utilized a treatment plan NOT using opioids, and that the patient "has failed a trial of non-opioid analgesics." Ongoing management should reflect four domains of monitoring, including analgesia, activities of daily living, adverse side effects, and aberrant drug-taking behaviors. The documentation does not reflect improvement in pain. Change in activities of daily living and screening for aberrant drug-taking behaviors were not documented. The MTUS recommends urine drug screens for patients with poor pain control and to help manage patients at risk of abuse. Although some reports mention that urine drug screens were consistent, there is no record of a urine drug screen program performed according to quality criteria in the MTUS and other guidelines, as dates and results of tests were not submitted. As currently prescribed, Norco does not meet the criteria for long term opioids as elaborated in the MTUS and is therefore not medically necessary.

**Ambien CR 12.5mg #30:** 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).

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) chronic pain chapter: insomnia treatment, Ambien.

**Decision rationale:** This injured worker was noted to have insomnia due to pain. Ambien has been prescribed for more than one year. The MTUS does not address the use of hypnotics other than benzodiazepines. No physician reports describe the specific criteria for a sleep disorder. Treatment of a sleep disorder, including prescribing hypnotics, should not be initiated without a careful diagnosis. There is no evidence of that in this case. For the treatment of insomnia, pharmacologic agents should only be used after careful evaluation of potential causes of sleep disturbance. Specific components of insomnia should be addressed. There was no documentation of evaluation of sleep disturbance in the injured worker, and components insomnia were not addressed. Ambien (Zolpidem) is a prescription short-acting non-benzodiazepine hypnotic which is recommended for short-term (7-10 days) treatment of insomnia; it is not recommended for long-term use. It may be habit-forming and may impair function and memory, and there is a concern that it may increase pain and depression over the long term. It is recommended for short-term use only. The Official Disability Guidelines

citation recommends short-term use of zolpidem, a careful analysis of the sleep disorder, and caution against using zolpidem in the elderly. Due to length of use in excess of the guideline recommendations, and lack of documentation of evaluation for sleep disturbance, the request for Ambien is not medically necessary.

**Mobic 15mg #30:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS Page(s): 67-73.

**Decision rationale:** This injured worker has chronic back and knee pain. Mobic has been prescribed for more than one year. Per the MTUS, non-steroidal anti-inflammatory drugs (NSAIDs) are recommended as a second line treatment after acetaminophen for treatment of acute exacerbations of chronic back pain. The MTUS does not specifically reference the use of NSAIDs for long-term treatment of chronic pain in other specific body parts. There was no documentation of functional improvement as a result of use of mobic. Although the physician documented that medications as a group resulted in improvement in pain, pain scores have not changed in many months. The injured worker was not working. Although medications as a group were noted to improve activities of daily living, there was no documentation of improvement in specific activities of daily living as a result of use of mobic. NSAIDs are noted to have adverse effects including gastrointestinal side effects and increased cardiovascular risk; besides these well-documented side effects of NSAIDs, NSAIDs have been shown to possibly delay and hamper healing in all the soft tissues including muscles, ligaments, tendons, and cartilage. NSAIDs can increase blood pressure and may cause fluid retention, edema, and congestive heart failure; all NSAIDs are relatively contraindicated in patients with renal insufficiency, congestive heart failure, or volume excess. This injured worker has a history of diabetes and hypertension, which increase the risk of adverse effects from NSAIDs. NSAIDs are recommended at the lowest dose for the shortest possible period in patients with moderate to severe pain. The MTUS does not recommend chronic NSAIDs for low back pain, NSAIDs should be used for the short term only. Systemic toxicity is possible with NSAIDs. The FDA and MTUS recommend monitoring of blood tests and blood pressure. Package inserts for NSAIDs recommend periodic monitoring of a CBC and chemistry profile (including liver and renal function tests). There is no evidence that the prescribing physician is adequately monitoring for toxicity as recommended by the FDA and MTUS; although blood pressure readings were recorded, there was no discussion or submission of laboratory tests. Due to length of use in excess of the guideline recommendations, lack of functional improvement, and potential for toxicity, the request for mobic is not medically necessary.

**Lidoderm 5% #60:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Lidoderm (lidocaine patch) p. 57, topical analgesics p. 111-113.

**Decision rationale:** Topical lidocaine is recommended for localized peripheral pain after there has been evidence of a trial of first line therapy with tricyclic or serotonin/norepinephrine reuptake inhibitor antidepressants or an antiepileptic drug such as gabapentin or Lyrica. Topical lidocaine in dermal patch form (Lidoderm) has been designated for orphan status by the FDA for neuropathic pain, and further research is needed to recommend this treatment for chronic neuropathic pain disorders other than post-herpetic neuralgia. The MTUS recommends against Lidoderm for low back pain or osteoarthritis. The site of application and directions for use were not specified. There is no evidence in any of the medical records that this injured worker has peripheral neuropathic pain, or that the injured worker has failed the recommended oral medications. For these reasons, the request for Lidoderm is not medically necessary.

**Nexium 40mg #30:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS, GI symptoms and cardiovascular risk Page(s): 68-69.

**Decision rationale:** This injured worker has been prescribed Mobic, a non-steroidal anti-inflammatory medication (NSAID), and Nexium, a proton pump inhibitor (PPI). Per the MTUS, co-therapy with a non-steroidal anti-inflammatory medication (NSAID) and a proton pump inhibitor (PPI) is not indicated in patients other than those at intermediate or high risk for gastrointestinal events (including age > 65 years, history of peptic ulcer, gastrointestinal (GI) bleeding or perforation, concurrent use of aspirin, corticosteroids and/or an anticoagulant, or high dose/multiple NSAIDS such as NSAID plus low dose aspirin). None of these risk factors were noted to be present for this injured worker. Long-term proton pump inhibitor (PPI) use (> 1 year) has been shown to increase the risk of hip fracture. Nexium has been prescribed for more than one year. Nexium was noted to be used to offset dyspepsia from medications. As such, the treating physician would be expected to change the medication regime accordingly, at least on a trial basis to help determine causation; no change in medication due to symptom of dyspepsia was noted. The associated NSAID, Mobic, has been determined to be not medically necessary. As such, the request for Nexium is not medically necessary.

**Orthopedic consultation:** Overturned

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 1 Prevention, Chapter 13 Knee Complaints Page(s): 343-345. Decision based on Non-MTUS Citation ODG knee/leg chapter: knee joint replacement, office visits.

**Decision rationale:** The ACOEM states that referral for surgical consultation may be indicated for patients who have activity limitation for more than one month and failure of exercise programs to increase range of motion and strength of the musculature around the knee. The determination of necessity of an office visit requires individualized case review and assessment. Office visits are recommended as determined to be medically necessary. In this case, the injured worker is status post total knee replacement, and has been seen by the treating orthopedist and also underwent a consultation with another orthopedist for a second opinion, with the finding that he was not currently a candidate for more surgery. The records indicate ongoing knee

issues with worsening pain in the knee, swelling, and decreased range of motion. It was noted that the injured worker had also undergone manipulation under anesthesia of the left knee without improvement in range of motion. The treating orthopedist noted that the injured worker made little effort to flex and extend the knee following surgery, and did not work very aggressively with his therapy following the knee replacement procedure. The orthopedist recommended a consultation with a third orthopedic surgeon for an opinion regarding arthroscopic lysis of adhesions. This was not discussed in the Utilization Review determination. As the injured worker has ongoing issues with knee pain and range of motion in spite of the surgical procedures, and as the treating orthopedist has recommended consultation with another orthopedist as to an opinion regarding lysis of adhesions, the request for orthopedic consultation is medically necessary.

**MRI of the cervical spine:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Page(s): 172.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 170-172, 177-179, 182. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) neck and upper back chapter: MRI.

**Decision rationale:** The ACOEM Guidelines 2nd Edition portion of the MTUS provides direction for performing imaging of the spine. Per the MTUS citation above, imaging studies are recommended for "red flag" conditions (tumor, infection, fracture, or dislocation), physiological evidence of neurological dysfunction, and prior to an invasive procedure. Physiologic evidence may be in the form of neurologic findings on physical examination, electrodiagnostic studies, laboratory tests, or bone scans. There were no electrodiagnostic studies, laboratory tests, or bone scan reports submitted. This injured worker had no objective evidence of any red flag conditions or indications for an invasive procedure. The treating physician has not documented any specific neurological deficits or other signs of significant pathology. There was no documentation of pertinent examination related to the cervical or thoracic spine. The treating physician documented request for an updated MRI of the cervical, thoracic, and lumbar spine to evaluate ongoing back complaints. The ODG states that repeat MRI is not routinely recommended, and should be reserved for a significant change in symptoms and/or findings suggestive of significant pathology, such as tumor, infection, fracture, neurocompression, or recurrent disc herniation. Due to lack of documentation of red flag conditions and lack of documentation of abnormal neurological findings related to the cervical or thoracic spine on examination, the request for MRI of the cervical spine is not medically necessary.

**MRI of the thoracic spine:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Page(s): 172.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 170-172, 177-179, 182. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) neck and upper back chapter: MRI.

**Decision rationale:** The ACOEM Guidelines 2nd Edition portion of the MTUS provides direction for performing imaging of the spine. Per the MTUS citation above, imaging studies are recommended for "red flag" conditions (tumor, infection, fracture, or dislocation), physiological evidence of neurological dysfunction, and prior to an invasive procedure. Physiologic evidence may be in the form of neurologic findings on physical examination, electrodiagnostic studies,

laboratory tests, or bone scans. There were no electrodiagnostic studies, laboratory tests, or bone scan reports submitted. This injured worker had no objective evidence of any red flag conditions or indications for an invasive procedure. The treating physician has not documented any specific neurological deficits or other signs of significant pathology. There was no documentation of pertinent examination related to the cervical or thoracic spine. The treating physician documented request for an updated MRI of the cervical, thoracic, and lumbar spine to evaluate ongoing back complaints. The ODG states that repeat MRI is not routinely recommended, and should be reserved for a significant change in symptoms and/or findings suggestive of significant pathology, such as tumor, infection, fracture, neurocompression, or recurrent disc herniation. Due to lack of documentation of red flag conditions and lack of documentation of abnormal neurological findings related to the cervical or thoracic spine on examination, the request for MRI of the thoracic spine is not medically necessary.