

<b>Case Number:</b>	CM15-0069737		
<b>Date Assigned:</b>	04/27/2015	<b>Date of Injury:</b>	04/04/2011
<b>Decision Date:</b>	08/19/2015	<b>UR Denial Date:</b>	04/02/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/13/2015

### 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

Certification(s)/Specialty: Emergency 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 59 year old, female who sustained a work related injury on 4/4/11. The diagnoses have included lower back pain and lumbar radiculopathy. The treatments have included MRIs, a lumbar transforaminal epidural steroid injection, lumbar epidural steroid injection, home exercises and medications. In the PR-2 dated 3/2/15, the injured worker complains of lower back pain that radiates to the left leg with numbness. She rates the pain a 7/10 with medications and a 10/10 without medications. She has received a 75% decrease of left leg pain after transforaminal epidural steroid injection in 1/2014. The treatment plan is to continue and refill medications and for a left transforaminal epidural steroid injection. The requested treatment of a left sacroiliac injection is not noted in the treatment plan.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Left SI joint injection:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Hip/pelvis and ODG formulary.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 46.

**Decision rationale:** The request must meet certain criteria for a repeat steroid injection. The records indicate a 75% decrease in left leg pain after initial injection performed in January of 2014. Further requirements beyond pain relief include functional improvement seen along with a reduction in medication usage for 6-8 weeks. This is not documented in the records. As such, the request is not medically necessary.

**Norco 10/325mg:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): s 62-68; 91.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 78.

**Decision rationale:** Norco is in the opioid class. The use of medications in this class long-term has certain requirements based on the MTUS guidelines. Not only pain relief but also functional improvement must be documented. Monitoring criteria are also required which include pain relief, side effect profile, physical and psychosocial functioning, and the occurrence of potential aberrant behaviors. This is not seen in the records. As such, the request is not medically necessary.

**Fexmid 7.5mg:** Upheld

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

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

**Decision rationale:** The request is for the use of fexmid, which is a medication in the muscle relaxant class. Its use, based on the MTUS guidelines, should be limited to short-term and as a second-line option for low back pain. In most cases, they show no benefit beyond the use of NSAIDs for relief of discomfort. Efficacy appears to diminish over time and there is an associated risk of dependency. As such, due to poor effectiveness for long-term use, the request is not medically necessary.

**Prilosec 20mg:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 72.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): s 68-69.

**Decision rationale:** The request is for the use of prilosec, which is in the category of a proton pump inhibitor. The MTUS guidelines do recommend the use of medications in this class to prevent gastrointestinal disease related to chronic NSAID use in circumstances. This includes those at high risk of gastrointestinal events. Patients at high risk are listed as follows: "(1) age > 65 years; (2) history of peptic ulcer, GI bleeding or perforation; (3) concurrent use of ASA, corticosteroids, and/or an anticoagulant; or (4) high dose/multiple NSAID (e.g., NSAID + low-dose ASA). Recent studies tend to show that H. Pylori does not act synergistically with NSAIDS to develop gastroduodenal lesions." There is inadequate documentation of comorbid factors in this case placing the patient at high risk. As such, the request is not medically necessary.

**Docusate (unknown dosage):** 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 Page(s): 77.

**Decision rationale:** The request is for the use of docusate for constipation. This medication is commonly used with opioid medications due to their side effect of constipation. The patient is currently on medication in this class. The MTUS guidelines state that prophylactic treatment of constipation should be initiated when starting opioids. Norco was not certified for use in this patient. As such, the use of a stool softener would not be medically necessary.

**Celebrex (unknown dosage):** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 21.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 22.

**Decision rationale:** The request is for the use of celebrex, which is an anti-inflammatory medication. The advantage of its use over traditional NSAIDS is the reduced gastrointestinal side effect profile. The MTUS guides state that medications in the class of COX-2 inhibitors could be used for individuals at high risk of GI complications, but not the majority of patients. Generic NSAIDS have similar efficacy to COX-2 inhibitors at a greater cost. There is inadequate documentation that this patient is at high GI risk. As such, the request is not medically necessary.

**Flur/Gaba/Lido:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): s 117-119.

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

**Decision rationale:** The request is for the use of a compounded topical cream to aid in pain relief. The MTUS guidelines state the following: "Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended." Gabapentin is a medication in the anti-epileptic class. Its use topically is not evidence based. The guidelines state the following regarding its use topically "Gabapentin: Not recommended. There is no peer-reviewed literature to support use." As such, the request is not medically necessary.

**Tram/ Baclo:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): s 117-118.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): s 112-113.

**Decision rationale:** The request is for the use of a compounded topical cream to aid in pain relief. The MTUS guidelines state the following: Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. The use of baclofen topically is not evidence based. The MTUS guidelines state the following: "Baclofen: Not recommended. There is currently one Phase III study of Baclofen-Amitriptyline-Ketamine gel in cancer patients for treatment of chemotherapy-induced peripheral neuropathy. There is no peer-reviewed literature to support the use of topical baclofen." Due to inadequate evidence for effective use topically, it would not be advised. As such, the request is not medically necessary.