

<b>Case Number:</b>	CM15-0080755		
<b>Date Assigned:</b>	05/01/2015	<b>Date of Injury:</b>	02/01/2013
<b>Decision Date:</b>	06/05/2015	<b>UR Denial Date:</b>	04/23/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/27/2015

### 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 52 year old female who sustained an industrial injury on 2/1/13. The diagnoses have included chronic pain, lumbar stenosis, multi-level degenerative facet arthropathy and ligament hypertrophy, low back pain, cervical radiculitis, myofascial pain, bilateral carpal tunnel syndrome and ulnar neuropathy, opioid dependence, psychiatric issue, post-traumatic stress disorder, and history of substance rehab. Evaluation has included magnetic resonance imaging (MRI) and electromyography/nerve conduction study. MRI of the lumbar spine on 7/8/13 was noted to show disc bulging, facet arthropathy, and foraminal stenosis. Electromyogram on 8/22/13 was noted to show bilateral carpal tunnel syndrome, ulnar neuropathy, and cervical radiculopathy. Treatment has included medications. On 4/8/15, the injured worker reported complaints of constant neck pain associated with pain in arms, wrists, hands, tingling/numbness in hands/fingers, dull aching in shoulder, mid and low back and down to her legs, with pain rated 8/10 in severity. Examination showed positive straight leg raise, symmetrical deep tendon reflexes, diminished pinprick from elbows distally, and diffuse tenderness to palpation. Similar complaints and examination findings were documented at monthly visits from September 2014 to April 2015. Oxycodone and gabapentin were prescribed since September 2014. Current medications include oxycodone and gabapentin. Urine toxicology results from August and November 2014, and February and March 2015 were noted. Urine toxicology reports from February and March 2015 which was positive for tramadol and negative for gabapentin were discussed, and the physician noted that the injured worker reported that she used to get this prescription from another provider and that she still had left over

medication; the current treating physician noted that the controlled substance utilization review and evaluation system (CURE) failed to reveal it. Work status was noted as off work/ in SSD since 11/2013. On 4/23/15, Utilization Review (UR) non-certified requests for spine surgeon consultation, magnetic resonance imaging (MRI) of the thoracic spine; cyclobenzaprine 10% lidocaine 2% quantity 4 gm, flurbiprofen 20% lidocaine 5% quantity 4 grams, and oxycodone 10 mg quantity 90, citing the MTUS and ACOEM.

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

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

#### **Spine Surgeon Consultation: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine, Chapter 6-Independent Medical Examinations and Consultations, pg 127, 156; Official Disability Guidelines, Pain Chapter, Office Visits.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 2 General Approach to Initial Assessment and Documentation, Chapter 12 Low Back Complaints Page(s): 305-307.

**Decision rationale:** The ACOEM states that referral for surgical consultation is indicated for patients who have severe and disabling lower leg symptoms in a distribution consistent with abnormalities on imaging studies (radiculopathy), preferably with accompanying objective signs of neural compromise, activity limitations due to radiating leg pain for more than one month or extreme progression of lower leg symptoms, clear clinical, imaging, and electrophysiologic evidence of a lesion that has been shown to benefit in both the short and long term from surgical repair, and failure of conservative treatment to resolve disabling radicular symptoms. This injured worker has chronic low back pain, with findings on MRI of the lumbar spine as noted. The specific reason for consultation with a spine surgeon was not discussed. In this case there were no symptoms, physical examination findings, imaging studies, or electrodiagnostics consistent with lumbar radiculopathy. There are insufficient clinical findings of radiculopathy, such as dermatomal sensory loss or motor deficits correlating with a specific lesion identified by objective testing. Due to lack of specific indication, the request for spine surgeon consultation is not medically necessary.

#### **MRI of the Thoracic Spine: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 304. Decision based on Non-MTUS Citation Official Disability Guidelines, Low Back Chapter, MRI.

**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. This injured worker had no objective evidence of any of these conditions or indications for an invasive procedure. The treating physician has not documented any specific neurological deficits or other signs of significant pathology. Imaging is not generally necessary absent a 3-4 week period of conservative care. The treating physician did not describe an adequate course of conservative care prior to prescribing an imaging study. The MRI of the Thoracic Spine is not medically necessary based on the recommendations in the MTUS.

**Cyclobenzaprine 10%, Lidocaine 2% quantity 4gm: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines topical analgesics Page(s): 111-113.

**Decision rationale:** Per the MTUS, topical analgesics are recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. If any compounded product contains at least one drug or drug class that is not recommended, the compounded product is not recommended. Cyclobenzaprine is a muscle relaxant. The MTUS notes that there is no evidence for use of muscle relaxants as topical products. Lidocaine is only FDA approved for treating post-herpetic neuralgia, and the dermal patch form (Lidoderm) is the only form indicated for neuropathic pain. No other commercially approved topical formulations of lidocaine (whether creams, lotions, or gels) are indicated for neuropathic pain. A second cream containing lidocaine has also been prescribed, which is duplicative and potentially toxic. As neither of the ingredients in this compounded topical cream are recommended, the product is not recommended. As such, the request for Cyclobenzaprine 10%, Lidocaine 2% quantity 4gm is not medically necessary.

**Flurbiprofen 20% Lidocaine 5% quantity 4gm: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines topical analgesics Page(s): 111-113.

**Decision rationale:** Per the MTUS, topical analgesics are recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. If any compounded product contains at least one drug or drug class that is not recommended, the compounded product is not recommended. Flurbiprofen is a nonsteroidal anti-inflammatory drug (NSAID). Topical NSAIDs are indicated for osteoarthritis and tendinitis, in particular that of the knee and elbow or other joints that are amenable to topical treatment. There is little evidence to utilize topical

NSAIDS for treatment of osteoarthritis of the spine, hip, or shoulder. Topical nonsteroidals are not recommended for neuropathic pain. Note that topical flurbiprofen is not FDA approved, and is therefore experimental and cannot be presumed as safe and efficacious. Non-FDA approved medications are not medically necessary. Lidocaine is only FDA approved for treating post-herpetic neuralgia, and the dermal patch form (Lidoderm) is the only form indicated for neuropathic pain. No other commercially approved topical formulations of lidocaine (whether creams, lotions, or gels) are indicated for neuropathic pain. A second cream containing lidocaine has also been prescribed, which is duplicative and potentially toxic. As neither of the ingredients in this compounded topical cream are recommended, the product is not recommended. As such, the request for Flurbiprofen 20% Lidocaine 5% quantity 4gm is not medically necessary.

**Oxycodone 10mg quantity 90: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opiates Page(s): 78-81.

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

**Decision rationale:** This injured worker has been prescribed oxycodone for at least 7 months. 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. No functional goals were discussed, and work status has remained off work, which is not consistent with functional improvement. There was no documentation of improvement in activities of daily living, decrease in medication use, or decrease in frequency of office visits; this is also lack of evidence of functional improvement. No opioid contract was 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. 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." The injured worker was noted to have a history of opioid dependence and substance rehab, without further details provided. The MTUS recommends urine drug screens for patients with poor pain control and to help manage patients at risk of abuse. Two urine drug screens were positive for tramadol, which was not prescribed, and the CURES report failed to reveal tramadol. The treating physician documented that the injured worker reported using an old prescription for tramadol from a different provider, which is not consistent with the MTUS recommendations. The MTUS recommends that patients receive their medication from one physician and one pharmacy. As currently prescribed, oxycodone does not meet the criteria for long term opioids as elaborated in the MTUS and is therefore not medically necessary.