

<b>Case Number:</b>	CM14-0119735		
<b>Date Assigned:</b>	08/06/2014	<b>Date of Injury:</b>	06/05/2002
<b>Decision Date:</b>	10/07/2014	<b>UR Denial Date:</b>	06/24/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/28/2014

### 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. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### 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 reported an injury on 06/05/2002. The mechanism of injury was not provided. On 06/06/2014, the injured worker presented with back pain radiating from the low back, down the bilateral legs, and shoulder pain. Current medications include Biscodyl, Colace, MiraLAX, Norco, BioFreeze, Lidoderm patch, Lorzone, Omeprazole, Hydrochlorothiazide, and Simvastatin. Upon examination of the lumbar spine, there was loss of lumbar lordosis with a straining of the lumbar spine. The range of motion was restricted and flexion limited to 25 degrees, extension of 10 degrees, right lateral bending of 10 degrees, and left lateral bending of 10 degrees, limited by pain. There was tenderness to palpation with spasm over the paravertebral muscles with tight muscle band and trigger point with a twitch response obtained along with radiating pain upon palpation bilaterally. There was a positive right sided straight leg raise and tenderness over the sacroiliac spine. The diagnoses were lumbar radiculopathy, spinal lumbar degenerative disease, mood disorder, cervical pain and post cervical laminectomy syndrome. Prior therapy included a lumbar ESI, psychotherapy, medications, and topical analgesics. The provider recommended BioFreeze, Omeprazole, a urine toxicology screen, aquatic therapy, Norco, Lidoderm, Viagra, and speech therapy consultation. The Request for Authorization form was not included in the medical documents for review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Biofreeze with Ilex Gel 0.2-3.5%:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Low Back-Lumbar & Thoracic (Acute & Chronic)

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

**Decision rationale:** The request for BioFreeze with Ilex gel 0.2-3.5% is not medically necessary. The California MTUS Guidelines state that transdermal compounds are largely experimental in use with few randomized controlled trials to determine efficacy or safety. Topical analgesia is primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Any compounded product that contains at least 1 drug that is not recommended is not recommended. Many agents compounded as monotherapy are in combination for pain control including NSAIDS, opioids, Capsaicin, local anesthetics, antidepressants, and Adenosine. There is little to no research to support the use of any of these agents. There is lack of documentation of the injured worker's failure to respond to an anticonvulsant or an antidepressant. Additionally, the provider's request does not indicate the site at which the BioFreeze gel was indicated for or the frequency when the request was submitted. As such, medical necessity has not been established.

**Omeprazole DR 10mg #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): 69.

**Decision rationale:** The request for Omeprazole DR 10 mg with quantity of 30 is not medically necessary. According to the California MTUS Guidelines, proton pump inhibitors may be recommended for injured workers with dyspepsia secondary to NSAID therapy or for those taking NSAID medications that are at moderate to high risk for gastrointestinal events. There is lack of documentation that the injured worker has a diagnosis concurrent with the guideline recommendation for Omeprazole. The injured worker is not at moderate to high risk for gastrointestinal events. As such, medically necessary has not been established.

**1 Urine toxicology screen:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain (Chronic)

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Urine Drug Test Page(s): 43.

**Decision rationale:** The request for 1 Urine toxicology screen is not medically necessary. The California MTUS guidelines recommend a urine drug test as an option to assess for the use or the presence of illegal drugs. It may also be used in conjunction with a therapeutic trial of Opioids, for on-going management, and as a screening for risk of misuse and addiction. The documentation provided did not indicate the injured worker displayed any aberrant behaviors, drug seeking behavior, or whether the injured worker was suspected of illegal drug use. As such, medical necessity has not been established. The request for a urine toxicology screen is not medically necessary.

**12 aquatic therapy sessions for the low back:** Upheld

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

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

**Decision rationale:** The request for 12 aquatic therapy sessions for the low back is not medically necessary. The California MTUS state that aquatic therapy is recommended as an optional form of exercise therapy, where available, as an alternative to land based physical therapy. Aquatic therapy (including swimming) can minimize the effects of gravity, so it is specifically recommended where reduced weight bearing is desirable, for example extreme obesity. The guidelines recommend 10 visits over 4 weeks. The amount of visits the injured worker underwent was not provided. There was lack of documentation that the injured worker was recommended for reduced weight bearing exercise. As such, medical necessity has not been established.

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

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Criteria for use Page(s): 78.

**Decision rationale:** The request for Norco 10/325mg #180 is not medically necessary. The California MTUS Guidelines recommend the use of opioids for ongoing management of chronic pain. The guidelines recommend ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects should be evident. There is a lack of evidence of an objective assessment of the injured worker's pain level, functional status, and evaluation of risk for aberrant drug abuse behavior, and side effects. The frequency of the medication was not provided in the request as submitted. As such, the request is not medically necessary.

**Lidoderm 5% Patch #30:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain (Chronic)

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Lidoderm (Lidocaine Patch) Page(s): 56-57.

**Decision rationale:** The request for Lidoderm 5% Patch #30 is not medically necessary. The California MTUS state that Topical Lidocaine may be recommended for localized peripheral pain after there has been evidence of a trial of first-line therapy (tri-cyclic or SNRI anti-depressants or an AED such as Gabapentin or Lyrica). This is not a first-line treatment and is only FDA approved for post-herpetic neuralgia. Further research is needed to recommend this treatment for chronic neuropathic pain disorders other than post-herpetic neuralgia. There is lack of documentation of the injured workers failed trial of a first line treatment, and the injured workers diagnosis is not congruent with the guideline recommendations. Medical necessity has not been established.

**Viagra, unknown quantity:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation American Urologic Association Education and Research, Inc.; 2006 May and National Guideline Clearinghouse

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) ODG Pain, Testosterone replacement for hypogonadism.

**Decision rationale:** The request for Viagra, unknown quantity is not medically necessary. The Official Disability guidelines state that etiology of decreased sexual function, a symptom of hypogonadism, is confounded by several factors including chronic pain, natural occurrence of decreased testosterone that occurs with aging, documented side effect of decreased sexual function that is common with other medications used to treat pain (SSRIs, tricyclic antidepressants, and certain anti-epilepsy drugs) and comorbid conditions such as diabetes, hypertension, and vascular disease in erectile dysfunction. Examination of the injured worker was not provided detailing current deficits of erectile dysfunction to warrant the use of Cialis. The severity of the erectile dysfunction was not provided. As such, the request is not medically necessary.

**1 Speech therapy consultation:** Upheld

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

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), updated guidelines, Chapter 6, page 163

**Decision rationale:** The request for 1 Speech therapy consultation is not medically necessary. The California MTUS guidelines state that that a consultation is intended to aid in assessing the diagnosis, prognosis, therapeutic management, determination of medical stability, and permanent residual loss and/or examinee's fitness for return to work. There was no clear rationale to support the consultation. As such, medical necessity has not been established.