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| <b>Case Number:</b>   | CM14-0147334 |                              |            |
| <b>Date Assigned:</b> | 09/15/2014   | <b>Date of Injury:</b>       | 12/05/2002 |
| <b>Decision Date:</b> | 10/15/2014   | <b>UR Denial Date:</b>       | 09/03/2014 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 09/10/2014 |

### 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 Family Medicine, 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:

This is a 52-year-old male patient who reported an industrial injury to the back on 12/5/2002, almost 12 years ago, attributed to the performance of his usual and customary job tasks. The patient complained of shoulder, left knee, and low back pain that were exacerbated by driving. The lower back pain was characterized as radiating into the legs when walking and sitting for prolonged periods of time. The objective findings on examination included positive SLR; facet loading test positive; diffuse weakness to the bilateral lower extremities; cervical paraspinal upper trapezius and scapular border muscles were tender; tenderness to the left knee and left shoulder; knee brace was on the left knee. A MRI of the lumbar spine dated 2/10/2014 documented evidence of facet arthropathy and discopathy with resultant bilateral L3, L4, and L5 nerve root encroachment. X-rays of the left knee revealed Tricomartmental OA. The diagnoses were lumbar radiculopathy; facet syndrome and stenosis; left knee pain with degenerative joint disease; depression and insomnia. The treatment plan included Norco 10/325 mg #60; Elavil 25 mg #30; gabapentin 600 mg #90; Voltaren gel 1% 40 g tube #5 tubes and a bilateral lumbar facet medial branch block at L3, L4, and L5.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Norco 10/325mg #60:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines opioids Page(s): 74-97. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) pain chapter-opioids

**Decision rationale:** Evidence-based guidelines recommend short-term use of opioids for the management of chronic nonmalignant moderate to severe pain. Long-term use is not recommended for nonmalignant pain due to addiction, dependency, intolerance, abuse, misuse and/or side effects. Ongoing opioid management criteria are required for long-term use with evidence of reduce pain and improve function as compared to baseline measurements or a return to work. The prescription for Hydrocodone-APAP (Norco) 10/325 mg #60 for short acting pain is being prescribed as an opioid analgesic for the treatment of chronic pain to the back for the date of injury 12 years ago. The objective findings on examination do not support the medical necessity for continued opioid analgesics. The patient is being prescribed opioids for chronic mechanical low back pain, which is inconsistent with the recommendations of the CA MTUS. There is no objective evidence provided to support the continued prescription of opioid analgesics for the cited diagnoses and effects of the industrial claim. The patient should be titrated down and off the prescribed Hydrocodone. The patient is 12 years s/p DOI with reported continued issues postoperatively; however, there is no rationale supported with objective evidence to continue the use of opioids. There is no demonstrated medical necessity for the continuation of opioids for the effects of the industrial injury. The chronic use of Hydrocodone-APAP/Norco is not recommended by the CA MTUS, the ACOEM Guidelines, or the Official Disability Guidelines for the long-term treatment of chronic back pain. There is no demonstrated sustained functional improvement from the prescribed high dose opioids. The prescription of opiates on a continued long-term basis is inconsistent with the CA MTUS and the Official Disability Guidelines recommendations for the use of opiate medications for the treatment of chronic pain. There is objective evidence that supports the use of opioid analgesics in the treatment of this patient over the use of NSAIDs for the treatment of chronic pain. The current prescription of opioid analgesics is inconsistent with evidence-based guidelines. The prescription of opiates on a continued long-term basis is inconsistent with the Official Disability Guidelines recommendations for the use of opiate medications for the treatment of chronic pain. There is objective evidence that supports the use of opioid analgesics in the treatment of this patient over the use of NSAIDs for the treatment of chronic pain issues. Evidence-based guidelines necessitate documentation that the patient has signed an appropriate pain contract, functional expectations have been agreed to by the clinician, and the patient, pain medications will be provided by one physician only, and the patient agrees to use only those medications recommended or agreed to by the clinician to support the medical necessity of treatment with opioids. The ACOEM Guidelines updated chapter on chronic pain states, "Opiates for the treatment of mechanical and compressive etiologies: rarely beneficial. Chronic pain can have a mixed physiologic etiology of both neuropathic and nociceptive components. In most cases, analgesic treatment should begin with acetaminophen, aspirin, and NSAIDs (as suggested by the WHO step-wise algorithm). When these drugs do not satisfactorily reduce pain, opioids for moderate to moderately severe pain may be added to (not substituted for) the less efficacious drugs. A major concern about the use of opioids for chronic pain is that most randomized controlled trials have been limited to a short-term period (70 days). This leads to a concern about confounding issues; such as, tolerance, opioid-induced hyperalgesia, long-range adverse effects, such as, hypogonadism and/or opioid abuse, and the influence of placebo as a variable for treatment effect." ACOEM guidelines state that opioids appear to be no more effective than safer analgesics for managing most musculoskeletal symptoms; they should be used only if needed for severe pain and only for a short time. The long-term use of opioid medications may be considered in the treatment of chronic musculoskeletal pain, if: The patient has signed an appropriate pain

contract; Functional expectations have been agreed to by the clinician and the patient; Pain medications will be provided by one physician only; The patient agrees to use only those medications recommended or agreed to by the clinician. ACOEM also notes, "Pain medications are typically not useful in the sub acute and chronic phases and have been shown to be the most important factor impeding recovery of function." There is no clinical documentation by with objective findings on examination to support the medical necessity of Hydrocodone-APAP for this long period of time or to support ongoing functional improvement. There is no provided evidence that the patient has received benefit or demonstrated functional improvement with the prescribed Hydrocodone-APAP. There is no demonstrated medical necessity for the prescribed Opioids. The continued prescription for Norco 10/325 mg #60 is not demonstrated to be medically necessary.

### **Gabapentin 600mg #90: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Anti-epilepsy drugs (AED's).

**MAXIMUS guideline:** Decision based on MTUS ACOEM,Chronic Pain Treatment Guidelines gabapentin-page; chronic pain chapter revised 8/8/08 Page(s): 49;110. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) pain chapter-medications for chronic pain; anti-epilepsy drugs;

**Decision rationale:** The provider has prescribed Gabapentin (Neurontin) 600 mg #90 and there is a reported neuropathic pain issue. There is no documented Electrodiagnostic evidence of a nerve impingement radiculopathy. There is no demonstrated neurological deficit along a dermatomal distribution. It is not clear that the patient has neuropathic pain as there are no documented neurological deficits. The patient is stated to have neuropathic pain for which the patient has been prescribed Gabapentin/Neurontin. The prescription of Gabapentin (Neurontin) was not demonstrated to have been effective for the patient for the chronic pain issues. The provider does not provide objective findings on examination to support the presence of neuropathic pain for the cited diagnoses. The provider has provided this medication for the daily management of this patient's chronic pain. The prescription of Gabapentin (Neurontin) is recommended for neuropathic pain; however the ACOEM Guidelines. Gabapentin or Pregabalin is not recommended for treatment of chronic, non-neuropathic pain by the ACOEM Guidelines. It is clear that there is no documentation of significant neuropathic pain for this patient. The ACOEM Guidelines revised chronic pain chapter states that there is insufficient evidence for the use of Gabapentin or Lyrica for the treatment of axial lower back pain; chronic lower back pain; or chronic lower back pain with radiculopathy. The CA MTUS and the Official Disability Guidelines state that there is insufficient evidence to support the use of Gabapentin or Lyrica for the treatment of chronic axial lower back pain. The prescription of Gabapentin for neuropathic pain was not supported with objective findings on physical examination. There was objective evidence that the recommended conservative treatment with the recommended medications have been provided prior to the prescription of Gabapentin/Neurontin for chronic pain. The use of Gabapentin/Lyrica should be for neuropathic pain. Presently, there is documented objective evidence of neuropathic pain for which the use of Gabapentin is recommended. The prescription of Gabapentin is recommended for neuropathic pain and is used to treat postherpetic neuralgia and painful polyneuropathy, such as, diabetic polyneuropathy. Anti-epilepsy drugs (AEDs) are recommended on a trial basis (Lyrica/Gabapentin/Pregabalin) as a first-line therapy for painful polyneuropathy, such as, diabetic polyneuropathy. The updated chapter of the ACOEM Guidelines does not recommend the use of Gabapentin (Neurontin) for the treatment of axial back pain or back pain with radiculopathy. The use of Neurontin is for neuropathic pain;

however, evidence-based guidelines do not recommend the prescription of Gabapentin for chronic lower back pain with a subjective or objective radiculopathy and favors alternative treatment. There is no demonstrated medical necessity for the prescribed Neurontin 600 mg #90. Therefore, the request is not medically necessary.

**Voltaren gel 1% 40gm tube #5 tubes:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical NSAID's (non-steroidal anti-inflammatory).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs; Topical Analgesics Page(s): 111-113; 22, 67-68, 71. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter topical analgesics; NSAIDs

**Decision rationale:** The topical NSAID, Voltaren 1% gel, is not medically necessary in addition to prescribed oral NSAIDs. The patient has been prescribed topical Voltaren gel for chronic neck pain post operatively. The patient has received topical NSAID gels for a prolonged period of time exceeding the time period recommended by evidence-based guidelines. There is no demonstrated medical necessity for both an oral NSAID and a topical NSAID. There is no provided subjective or objective evidence that the patient has failed or not responded to other conventional and recommended forms of treatment for relief of the effects of the industrial injury. Only if the subjective/objective findings are consistent with the recommendations of the CA MTUS, then topical use of topical preparations is only recommended for short-term use for specific orthopedic diagnoses. There is no documented functional improvement by the provider attributed to the topical NSAID. The use of topical NSAIDS is documented to have efficacy for only 2-4 weeks subsequent to injury and thereafter is not demonstrated to be as effective as oral NSAIDs. There is less ability to control serum levels and dosing with the Topicals. The patient is not demonstrated to have any GI issue at all with NSAIDS. The patient was prescribed an oral opioids and topical NSAID concurrently. The use of the topical creams/gels does not provide the appropriate therapeutic serum levels of medications due to the inaccurate dosing performed by rubbing variable amounts of creams on areas that are not precise. The volume applied and the times per day that the creams are applied are variable and do not provide consistent serum levels consistent with effective treatment. There is no medical necessity for the addition of creams to the oral medications in the same drug classes. There is no demonstrated evidence that the Topicals are more effective than generic oral medications. The prolonged use of topical Voltaren cream 1% 40-gram tube #5 is not supported by the applicable evidence-based guidelines. The continued use of topical NSAIDs for the current clinical conditions is not otherwise warranted or demonstrated to be medically necessary. The prescribed topical Voltaren topical cream or gel 40 grams #5 tubes is not demonstrated be medically necessary.

**1 Bilateral lumbar facet medial branch block at L3, L4, and L5 with fluoroscopy:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300. Decision based on Non-MTUS Citation ODG (Official Disability Guidelines); Low Back - Lumbar & Thoracic (Acute & Chronic)

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints, Chapter 12 Low Back Complaints Page(s): 300 and 309; 174; 187, Chronic Pain Treatment Guidelines injections Page(s): 54. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) low back chapter--Facet joint blocks and injections; MBB;

**Decision rationale:** The request for the lumbar spine MMB or facet blocks to bilateral lumbar spine L3-L5 is inconsistent with the recommendations of the ACOEM Guidelines or the ODG for the treatment of this injured worker. The CA MTUS is silent on the use of facet blocks. There is objective evidence of facet arthropathy to the lumbar spine based on the MRI; however, there is no pain documented with extension and rotation. There is no evidence that facet arthropathy is the pain generator 12 years after the DOI. The patient is noted to have mild to moderate facet hypertrophy consistent with age by the MRI the lumbar spine. There are no documented neurological deficits. There is no documented pain on extension/rotation of the lumbar spine. There is no demonstrated medical necessity for multiple level median branch blocks to the

lumbar spine for the cited diagnoses. There was no demonstrated rationale to support the medical necessity of the requested medial branch blocks or facet blocks for the diagnosis of lumbar strain and chronic low back pain. The use of facet blocks and RFA to the lumbar spine is not recommended by the CA MTUS. The ACOEM Guidelines state that facet blocks are of "questionable merit." The CA MTUS states that facet blocks are "limited to patients with lumbar pain that is non-radicular and at no more than two levels bilaterally." The patient is diagnosed with back pain and the evaluation of this pain generator should occur prior to the evaluation and treatment of assessed facet pain. The request for the authorization of diagnostic/therapeutic facet blocks or median branch blocks for chronic lumbar spine pain is inconsistent with the recommendations of the CA MTUS, the ACOEM Guidelines, and the Official Disability Guidelines. The recommendations for the provision of facet blocks is not recommended. There is no provided objective evidence that the axial lumbar pain or degenerative disc disease is influenced by additional pain generated from facet arthropathy. The ACOEM Guidelines revised 4/07/08 for the lower back recommend: "One diagnostic facet joint injection may be recommended for patients with chronic LBP that is significantly exacerbated by extension and rotation or associated with lumbar rigidity and not alleviated with other conservative treatments." There is no demonstrated medical necessity for the requested bilateral lumbar spine L3-L5 medial branch block/facet blocks.