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| <b>Case Number:</b>   | CM14-0148271 |                              |            |
| <b>Date Assigned:</b> | 09/18/2014   | <b>Date of Injury:</b>       | 10/08/2012 |
| <b>Decision Date:</b> | 10/29/2014   | <b>UR Denial Date:</b>       | 08/11/2014 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 09/11/2014 |

### 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 & 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 patient is a 47 year old male who sustained an injury while dumping a container of grapes weighing about 30 to 40 lbs into a dispenser when he started to have low back pain. Prior treatment history has included 8 sessions of acupuncture with minimal reduction in pain, 6 visits of physical therapy and transforaminal epidural injection at L5-S1 on 05/08/2014 which provided temporary relief of pain. He has also completed 10 sessions of chiropractic therapy with minimal relief. Prior medication history as of 01/22/2014 included LidoPro ointment 4 oz, Amitriptyline HCL 10 mg, Hydrocodone APAP 5/325 mg (VAS not provided). Diagnostic studies reviewed include MRI of the lumbar spine dated 07/03/2014 demonstrated mild spondylosis and small left disc protrusion resulting in mild left lateral recess stenosis at L5-S1; minimal spondylosis and small right foraminal disc protrusion at L4-L5 resulting in mild right foraminal stenosis; and remainder of lumbar levels unremarkable. Progress report dated 07/10/2014 states the patient presented with complaints of ongoing low back pain. The patient reported low back pain on the left side rated as 8/10. He noted the topical cream, LidoPro, does help with the pain. He was also taking Norco 5/325 and Elavil 10 mg which helps reduce his pain allowing him to move around easier. On exam, he has moderate tenderness to palpation of L5-S1 midline, left paraspinal region L5-S1, and left sciatic notch. Range of motion of the lumbar spine was limited in all planes. He had diminished sensation in L4, L5 and S1 dermatomes. Slump test is positive and straight leg raise is positive on the left at 60 degrees with radiating pain to the ankle. The patient is diagnosed with lumbar spine disc extrusion L5-S1 with severe left-sided stenosis and lumbar spine radiculopathy. The patient was recommended to continue hydrocodone APAP 5/325 mg, Nortriptyline HCL 25 mg, and LidoPro topical ointment 4 oz. Prior utilization review dated 08/11/2014 states the request for 60 Capsules Nortriptyline

HCL 25 Mg is modified to certify for 30 capsules; 1 LidoPro Topical Ointment 4 Oz is not certified ; and 90 Tablets Hydrocodone/APAP 5-325 Mg is modified to certify 45 tablets

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

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

#### **60 Capsules Nortriptyline HCL 25 Mg: Overturned**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Anti Depressants for Chronic Pain Page(s): 13, 78.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Anti-depressants for chronic pain Page(s): 13-16.

**Decision rationale:** Per CA MTUS guidelines, tricyclic antidepressants are recommended as a first line option for neuropathic pain, especially if pain is accompanied by insomnia, anxiety, or depression and as a possibility for non-neuropathic pain. Tricyclics are generally considered a first-line agent unless they are ineffective, poorly tolerated, or contraindicated. Analgesia generally occurs within a few days to a week, whereas antidepressant effect takes longer to occur. In this case, the records indicate that the IW is diagnosed with lumbar radiculopathy and has had improvement with prior use of Nortriptyline. There is no documentation of any side effects. As such, the medical necessity of the request for Nortriptyline 25mg #60 is established; certified.

#### **1 Lidopro Topical Ointment 4 Oz: Upheld**

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

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

**Decision rationale:** According to the CA MTUS guidelines, Topical Analgesics are recommended as treatment option as these agents are applied locally to painful areas with advantages that include lack of systemic side effects, absence of drug interactions, and no need to titrate. Many agents are compounded as monotherapy or in combination for pain control. There is little to no research to support the use of many of these agents. Lidopro contains capsaicin, lidocaine, menthol and methyl salicylate. Capsaicin is recommended only as an option in patients who have not responded or are intolerant to other treatments. The CA MTUS/ODG states that the only NSAID that is FDA approved for topical application is diclofenac (Voltaren 1% Gel). Lidoderm 5% patch is the only FDA approved lidocaine for topical use. Per guidelines, any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Consequently, the request is not medically necessary according to the guidelines.

#### **90 Tablets Hydrocodone/APAP 5-325 Mg: 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 Criteria for use of Opioids Page(s): 76-96.

**Decision rationale:** Norco (Hydrocodone + Acetaminophen) is indicated for moderate to severe pain. It is classified as a short-acting opioids, often used for intermittent or breakthrough pain. Guidelines indicate "four domains have been proposed as most relevant for ongoing monitoring of chronic pain patients on opioids; pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant (or non-adherent) drug-related behaviors. These domains have been summarized as the "4 A's" (analgesia, activities of daily living, adverse side effects, and aberrant drug-taking behaviors)." The guidelines also state continuation of opioids is recommended if the patient has returned to work and if the patient has improved functioning and pain. The medical records do not establish failure of non-opioid analgesics, such as NSAIDs or acetaminophen, and there is no mention of ongoing attempts with non-pharmacologic means of pain management. There is little to no documentation of any significant improvement in pain level (i.e. VAS) or function with prior use to demonstrate the efficacy of this medication. There is no evidence of urine drug test in order to monitor compliance. The medical documents do not support continuation of opioid pain management. Therefore, the medical necessity for Norco has not been established based on guidelines and lack of documentation.