

<b>Case Number:</b>	CM14-0183095		
<b>Date Assigned:</b>	11/10/2014	<b>Date of Injury:</b>	02/04/2008
<b>Decision Date:</b>	12/15/2014	<b>UR Denial Date:</b>	10/07/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/04/2014

### 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 Internal Medicine, has a subspecialty in Nephrology 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 54-year-old female with a 2/4/08 date of injury. The patient underwent left knee total arthroplasty on 3/6/12. The patient was seen on 9/19/14 with complaints of pain in the neck, radiating down into the bilateral upper extremities all the way to the fingers, associated with numbness, weakness and muscle spasms. The patient also reported insomnia, pain in the bilateral hands and lower back pain, radiating into the bilateral lower extremities, associated with numbness, weakness and muscle spasms. Exam findings revealed tenderness of the cervical spine at the C5-C7 level, decreased sensation in the bilateral extremities and tenderness to palpation over the lumbar paraspinal muscles. The range of motion of the lumbar spine was limited secondary to pain. The progress note stated that the patient was performing home exercise program and that the patient reported 50% improvement with her current medications and was able to perform her ADLs and her sleep improved. The pain was rated 10/10 with medications and 7/10 with medications. The diagnosis is cervical and lumbar radiculopathy, bilateral carpal tunnel syndrome, osteoarthritis of the right knee, status post left total knee arthroplasty and chronic pain syndrome. Treatment to date: left knee surgery, work restrictions, aquatic therapy, Toradol injections, home exercise program and medications. An adverse determination was received on 10/7/14. The request for Norco 10/325mg #60 with 1 refill was modified to 1 prescription with no refill given, that there was a lack of recent UDS test and the weaning was recommended. The request for Zanaflex 2mg #60 was denied for a lack of functional improvement. The request for Ultracin topical cream #60gm was denied for a lack of documentation indicating that the patient failed first line oral agents. The request for Lidoderm patches 5% was denied for a lack of documentation indicating that the patient failed trials of oral adjuvant analgesics such as antidepressants or anticonvulsants.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Norco 10/325mg, 1 tab po bid prn pain #60 with 1 refill:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines opiates Page(s): 78-81.

**Decision rationale:** California Medical Treatment Utilization Schedule (MTUS) Chronic Pain Medical Treatment Guidelines do not support ongoing opioid treatment unless prescriptions are from a single practitioner and are taken as directed; are prescribed at the lowest possible dose; and unless there is ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Given the 2008 date of injury, the duration of opiate use to date is not clear. The progress note dated 9/19/14 indicated that the patient received functional improvement with her medication routine and that the patient's pain decreased from 10/10 without medications to 7/10 with medications. However, there is no discussion regarding non-opiate means of pain control, or endpoints of treatment and the records do not clearly reflect a lack of adverse side effects, or aberrant behavior. In addition, the recent UDS test was not available for the review. Lastly, the UR decision dated 10/7/14 modified the request and certified 1 proscription of Norco for purpose of weaning. Although opiates may be appropriate, additional information would be necessary, as California MTUS Chronic Pain Medical Treatment Guidelines require clear and concise documentation for ongoing management. Therefore, the request for Norco 10/325mg, 1 tab po bid prn pain #60 with 1 refill was not medically necessary.

**Zanaflex 2mg, 1 tab po bid prn spasm #60:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants Page(s): 63-66.

**Decision rationale:** California Medical Treatment Utilization Schedule (MTUS) Chronic Pain Medical Treatment Guidelines state that Tizanidine (Zanaflex) is a centrally acting alpha2-adrenergic agonist that is FDA approved for management of spasticity and off label use for low back pain. In addition, MTUS also states that muscle relaxants may be effective in reducing pain and muscle tension, and increasing mobility. However, in most LBP cases, they show no benefit beyond NSAIDs in pain and overall improvement. Efficacy appears to diminish over time, and prolonged use of some medications in this class may lead to dependence. However the records indicated that the patient was utilizing muscle relaxants at least from 7/22/14, there is a lack of documentation indicating subjective and objective functional improvements and decrease in the patient's muscle spasms from prior use. In addition, the Guidelines do not recommend long-term

treatment with muscle relaxants and there is no rationale with regards to the necessity for an extended treatment with muscle relaxant for the patient. Therefore, the request for Zanaflex 2mg, 1 tab po bid prn spasm #60 was not medically necessary.

**Ultracin topical cream #60gm:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Capsaicin, Topical Analgesics Page(s): 25, 28 111-113.

**Decision rationale:** Ultracin consists of methyl salicylate (28%), menthol (10%) and capsaicin (0.025%). Chronic Pain Medical Treatment Guidelines state that topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. Primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. In addition, California MTUS state that ketoprofen, lidocaine (in creams, lotion or gels), capsaicin in anything greater than a 0.025% formulation, baclofen, and other muscle relaxants, and gabapentin and other antiepilepsy drugs are not recommended for topical applications and that any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. However there is a lack of documentation indicating that the patient tried and failed trials of antidepressants and anticonvulsants. In addition, there is no rationale indicating why the prescribed compound formulation would be required despite adverse evidence. Therefore, the request for Ultracin topical cream #60gm was not medically necessary.

**Lidoderm patches 5%, apply 1 patch 12 hours on and 12 hours off:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Lidoderm (lidocaine patch) Page(s): 56-57. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter Lidoderm

**Decision rationale:** California Medical Treatment Utilization Schedule (MTUS) states that Lidoderm is the brand name for a lidocaine patch and 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). Official Disability Guidelines (ODG) states that Lidoderm is not generally recommended for treatment of osteoarthritis or treatment of myofascial pain/trigger points. However the progress notes indicated that the patient was utilizing Lidoderm patches at least from 7/22/14, there is a lack of documentation indicating subjective functional gains from prior use. In addition, it is not clear if the patient tried and failed first line oral therapy for localized peripheral pain. Therefore, the request for Lidoderm patches 5%, apply 1 patch 12 hours on and 12 hours off was not medically necessary.