

<b>Case Number:</b>	CM14-0211775		
<b>Date Assigned:</b>	12/24/2014	<b>Date of Injury:</b>	05/18/2010
<b>Decision Date:</b>	02/27/2015	<b>UR Denial Date:</b>	12/01/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/17/2014

### 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. 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: California

Certification(s)/Specialty: Physical Medicine & Rehabn

### 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 59 year old female with an injury date of 05/18/10. The patient is status post L2-5 decompression on 05/19/14, as per the operative report. Based on the progress report dated 11/26/14, the patient complains of occasional back pain. She has recovered significantly after the surgery is almost 100% compared to before surgery. In progress report dated 11/12/14, the patient complains of low back pain radiating to both legs. The pain is rated as 4/10 without medications. Physical examination reveals tenderness to palpation in the bilateral paravertebral muscles of the lumbar spine along with restricted range of motion with flexion at 35 degrees. Sensation to light touch is reduced over lateral calf and posterior thigh, and lateral thigh on the right side. The patient has also been diagnosed with anxiety disorder and major depressive disorder, as per psychology report dated 08/27/14. Medications, as per progress report dated 11/26/14, include Bupropion SR, Cyclobenzaprine, Docusate-sodium, Gabapentin, Ibuprofen, Omeprazole and Trazodone. The patient has completed physical therapy which was helpful, and she continues to do home exercises, as per progress report dated 09/17/14. The patient is temporarily totally disabled, as per progress report dated 10/08/14. Diagnoses, 11/12/14:- Low back pain- Radiculopathy. The treater is requesting for (a) LIDODERM 5% PATCH 700 mg APPLY 1 PATCH FOR 12 HRS PRN, 3 REFILLS # 30 (b) NORCO 5/325 TAB, TAKE TWICE A DAY PRN # 60 (c) IBUPROFEN 600 mg TAKE 1 TWICE DAILY PRN # 60 WITH THREE REFILLS (d) CYCLOBENZAPRINE 10 mg TAKE 1 AT BEDTIME # 30, 3 REFILLS (e) ABILIFY 5 mg, TAKE 1 DAILY # 30, 3 REFILLS. The utilization review determination being challenged is dated 12/01/14. Treatment reports were provided from 04/18/13 12/03/14.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Lidoderm 5% patch 700 mg apply 1 patch for 12 hrs prn, 3 refills # 30:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-112.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Lidoderm patches; topical creams Page(s): 55, 57; 111, 113. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain chapter, Lidoderm patches

**Decision rationale:** The patient complains of low back pain radiating to both legs, as per progress report dated 11/12/14. The request is for LIDODERM 5% PATCH 700 mg APPLY 1 PATCH FOR 12 HRS PRN, 3 REFILLS # 30. The pain has been rated 4/10 without medications, as per the same progress report. The patient has also been diagnosed with anxiety disorder and major depressive disorder, as per psychology report dated 08/27/14. MTUS guidelines page 57 states, "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)." MTUS Page 112 also states, "Lidocaine Indication: Neuropathic pain Recommended for localized peripheral pain." When reading ODG guidelines, it specifies that lidoderm patches are indicated as a trial if there is "evidence of localized pain that is consistent with a neuropathic etiology." ODG further requires documentation of the area for treatment, trial of a short-term use with outcome documenting pain and function. In this case, a prescription for Lidoderm patch was first noted in progress report dated 04/08/13. The patient has received the patch consistently since then. The patient has low back pain that radiates to both legs and has been diagnosed with radiculopathy. In progress report dated 11/12/14, the treater states that although surgery has helped reduce her leg pain, the patient continues to experience some tingling and discomfort. However, the treater does not discuss outcome documenting reduction in pain and improvement in function due to prior use as required by MTUS guidelines. In fact, there is no discussion about the Lidoderm patch in the available progress reports. This request IS NOT medically necessary.

**Norco 5/325 tab, take twice a day prn # 60:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 77.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines CRITERIA FOR USE OF OPIOIDS Page(s): 88, 89, 76-78.

**Decision rationale:** The patient complains of low back pain radiating to both legs, as per progress report dated 11/12/14. The request is for NORCO 5/325 TAB, TAKE TWICE A DAY PRN # 60. The pain has been rated 4/10 without medications, as per the same progress report. The patient has also been diagnosed with anxiety disorder and major depressive disorder, as per

psychology report dated 08/27/14. MTUS Guidelines pages 88 and 89 states, "Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." MTUS page 78 also requires documentation of the 4As (analgesia, ADLs, adverse side effects, and adverse behavior), as well as "pain assessment" or outcome measures that include current pain, average pain, least pain, intensity of pain after taking the opioid, time it takes for medication to work and duration of pain relief. In this case, a trial prescription for Norco is first seen in progress report dated 11/12/14. The treater recommends the medication for breakthrough pain. The patient has been receiving other opioids such as Nucynta and Tramadol at least since 04/08/13. In progress report dated 08/20/14, the treater states that a combination of Nucynta, cyclobenzaprine and ibuprofen helps lower pain from 9/10 to 4/10. Additionally, the patient is able to walk for 20 - 30 minutes with the medications. Without the medications, she could walk for less than 10 minutes. She is able to do light chores around the house like washing dishes and cooking. In progress report dated 11/12/14, the treater states that the patient has undergone urine drug screens and her CURES reports are appropriate. There are no significant side effects. No aberrant behavior. Although some of this information is not specific to opioid use, the treater provides essential details regarding the the 4 As, including analgesia, ADLs, adverse side effects, and aberrant behavior, to warrant a trial of Norco. This request IS medically necessary.

**Ibuprofen 600 mg take 1 twice daily, prn # 60 with three refills:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs Page(s): 68-69.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Medications for chronic pain; Anti-inflammatory medications Page(s): 60, 61; 22.

**Decision rationale:** The patient complains of low back pain radiating to both legs, as per progress report dated 11/12/14. The request is for IBUPROFEN 600 mg TAKE 1 TWICE DAILY PRN # 60 WITH THREE REFILLS. The pain has been rated 4/10 without medications, as per the same progress report. The patient has also been diagnosed with anxiety disorder and major depressive disorder, as per psychology report dated 08/27/14. Regarding NSAIDs, MTUS page 22 state Anti-inflammatories are the traditional first line of treatment, to reduce pain so activity and functional restoration can resume, but long-term use may not be warranted. A comprehensive review of clinical trials on the efficacy and safety of drugs for the treatment of low back pain concludes that available evidence supports the effectiveness of non-selective nonsteroidal anti-inflammatory drugs (NSAIDs) in chronic LBP and of antidepressants in chronic LBP. MTUS p60 also states, "A record of pain and function with the medication should be recorded," when medications are used for chronic pain. In this case, the first prescription for Ibuprofen is noted in progress report dated 01/06/14 and the patient has used the medication consistently at least since then. In progress report dated 08/20/14, the treater states that a combination of Nucynta, cyclobenzaprine and ibuprofen helps lower pain from 9/10to 4/10. Additionally, the patient is able to walk for 20-30 minutes with the medications. Without the medications, she could walk for less than 10 minutes. She is able to do light chores around the house like washing dishes and cooking. While the information is not specific to Ibuprofen, it is

clear that the medication is having significant impact on the patient's condition. Based on MTUS guidelines that recommend ibuprofen for chronic pain, this request IS medically necessary.

**Cyclobenzaprine 10 mg take 1 at bedtime # 30, 3 refills:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs Page(s): 68-69.

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

**Decision rationale:** The patient complains of low back pain radiating to both legs, as per progress report dated 11/12/14. The request is for CYCLOBENZAPRINE 10 mg TAKE 1 AT BEDTIME # 30, 3 REFILLS. The pain has been rated 4/10 without medications, as per the same progress report. The patient has also been diagnosed with anxiety disorder and major depressive disorder, as per psychology report dated 08/27/14. MTUS pg 63-66 states: "Muscle relaxants (for pain): Recommend non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbation in patients with chronic LBP. The most commonly prescribed antispasmodic agents are carisoprodol, cyclobenzaprine, metaxalone, and methocarbamol, but despite their popularity, skeletal muscle relaxants should not be the primary drug class of choice for musculoskeletal conditions. Cyclobenzaprine (Flexeril, Amrix, Fexmid, generic available): Recommended for a short course of therapy." In this case, a prescription for Cyclobenzaprine is first noted in progress report dated 04/08/13. The patient has used the medication consistently since then. In progress report dated 08/20/14, the treater states that a combination of Nucynta, cyclobenzaprine and ibuprofen helps lower pain from 9/10 to 4/10. Additionally, the patient is able to walk for 20-30 minutes with the medications. Without the medications, she could walk for less than 10 minutes. She is able to do light chores around the house like washing dishes and cooking. While this documentation of reduction in pain or improvement in function is not specific to cyclobenzaprine, the impact of the medication is significant. However, MTUS only recommends short-term use of muscle relaxants with a record of improvement in pain and function. Hence, this request IS NOT medically necessary.

**Ablify 5 mg, take 1 daily # 30, 3 refills:** Overturned

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Stress Related Conditions

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Mental Illness & Stress Chapter, Aripiprazole (Abilify)

**Decision rationale:** The patient complains of low back pain radiating to both legs, as per progress report dated 11/12/14. The request is for ABILIFY 5 mg, TAKE 1 DAILY # 30, 3 REFILLS. The pain has been rated 4/10 without medications, as per the same progress report. The patient has also been diagnosed with anxiety disorder and major depressive disorder, as per

psychology report dated 08/27/14. ODG-TWC, Mental Illness & Stress Chapter, Aripiprazole (Abilify) Section states: "Not recommended as a first-line treatment. Abilify(aripiprazole) is an antipsychotic medication. Antipsychotics are the first-line psychiatric treatment for schizophrenia. There is insufficient evidence to recommend atypical antipsychotics for conditions covered in ODG." The first prescription for Abilify is first noted in progress report dated 04/08/13 and the patient has received the medication consistently since then. The patient suffers from anxiety and depression. In progress report dated 08/20/14, the treater states that Abilify along with Wellbutrin help improve the patient's mood significantly. ODG Guidelines do support this medication as a second-line agent. The request IS medically necessary.