

<b>Case Number:</b>	CM14-0214569		
<b>Date Assigned:</b>	01/07/2015	<b>Date of Injury:</b>	07/25/2005
<b>Decision Date:</b>	02/28/2015	<b>UR Denial Date:</b>	12/04/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/22/2014

### 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: Florida  
 Certification(s)/Specialty: Family Practice

### 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 69-year-old male who sustained a work related injury on 7/25/2005. He has the following diagnoses: chronic back pain, disc protrusions at L4-L5 and L5-S1, radiculopathy/radiculitis in the left lower extremity, and facet syndrome and facet arthropathy. He had an MRI on 5/8/2014 that noted spondylolisthesis as well as disc protrusion and stenosis at L4-L5 and L5-S1. Prior treatment has included physical therapy, modification of activities, and NSAIDS. The patient was previously a custodian and it is noted that his last date of work was 7/25/2005. A 10/8/2014 spine follow up progress note stated that the patient complained of worsening back pain and left lower extremity pain and numbness. A spine exam showed loss of lumbar lordosis and pain on palpation of L4-L5 and L5-S1 with muscle spasms was noted. Sensory exam to light touch was normal in the bilateral lower extremities, and reflexes are noted to be intact. Straight leg raise is positive on the left, and negative on the right side. A utilization review physician did not authorize the following requests: Zorvolex, Lyrica, Flector patch, and Orthopedics consultation for Spondylolisthesis.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Zorvolex 25mg, twice a day, #60 with six refills: 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): 64, 66, 102-105.

**Decision rationale:** In accordance with California MTUS guidelines, NSAIDS are recommended as an option for short-term symptomatic relief. These guidelines state, A Cochrane review of the literature on drug relief for low back pain (LBP) suggested that NSAIDS were no more effective than other drugs such as acetaminophen, narcotic analgesics, and muscle relaxants. The review also found that NSAIDS had more adverse effects than placebo and acetaminophen but fewer effects than muscle relaxants and narcotic analgesics. The MTUS guidelines do not recommend chronic use of NSAIDS due to the potential for adverse side effects. Likewise, this request for Zorvolex (diclofenac) is not medically necessary.

**Lyrica 75mg, at bedtime, #30 with 6 refills:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Pregabalin Page(s): 99.

**Decision rationale:** Pregabalin (Lyrica) has been documented to be effective in treatment of diabetic neuropathy and postherpetic neuralgia, has FDA approval for both indications, and is considered first-line treatment for both. Pregabalin was also approved to treat fibromyalgia. See Anti-epilepsy drugs (AEDs) for general guidelines, as well as specific Pregabalin listing for more information and references. Regarding this patient's case, he does not have diabetic neuropathy, postherpetic neuralgia, or fibromyalgia. He is documented to have been on this medication for years, and it is stated on a 11/3/2014 primary treating physician's progress note that it has been helping him. Utilization review previously recommended this medication for weaning since there has been no objective documentation of functional improvement. Unfortunately, in the most recent progress notes no objective examples of functional improvement have been provided. Therefore, this medication is not considered medically necessary.

**Lyrica 25mg, at bedtime #30, with 6 refills:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Pregabalin Page(s): 99.

**Decision rationale:** Pregabalin (Lyrica) has been documented to be effective in treatment of diabetic neuropathy and postherpetic neuralgia, has FDA approval for both indications, and is considered first-line treatment for both. Pregabalin was also approved to treat fibromyalgia. See

Anti-epilepsy drugs (AEDs) for general guidelines, as well as specific Pregabalin listing for more information and references. Regarding this patient's case, he does not have diabetic neuropathy, postherpetic neuralgia, or fibromyalgia. He is documented to have been on this medication for years, and it is stated on a 11/3/2014 primary treating physician's progress note that it has been helping him. Utilization review previously recommended this medication for weaning since there has been no objective documentation of functional improvement. Unfortunately, in the most recent progress notes no objective examples of functional improvement have been provided. Therefore, this medication is not considered medically necessary.

**Flector patch 1.3% twice a day #60 with 6 refills:** Upheld

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

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

**Decision rationale:** In accordance with California MTUS guidelines, topical analgesics are considered Largely experimental in use with few randomized controlled trials to determine efficacy or safety. Guidelines go on to state that, There is little to no research to support the use of many of these agents. The guideline specifically says, Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. The requested topical analgesic contains a NSAID, Diclofenac. MTUS guidelines specifically state regarding Non-steroidal antiinflammatory agents (NSAIDs): The efficacy in clinical trials for this treatment modality has been inconsistent and most studies are small and of short duration. Topical NSAIDs have been shown in meta-analysis to be superior to placebo during the first 2 weeks of treatment for osteoarthritis, but either not afterward, or with a diminishing effect over another 2-week period. Likewise, the requested medication is not medically necessary.

**Ortho for spondylolisthesis and HNP:** Overturned

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines - TWC, Low Back Procedure Summary (updated 11/21/14)

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 2-3.

**Decision rationale:** The California MTUS guidelines state, Referral is indicated in cases where the health care provider has a lack of training in managing the specific entity is uncertain about the diagnosis or treatment plan, or red flags are present. If significant symptoms causing self-limitations or restrictions persist beyond 4 -6 weeks, referral for specialty evaluation (e.g., occupational medicine, physical medicine and rehabilitation, or orthopedic surgery) may be indicated to assist in the confirmation of the provisional diagnosis and to define further clinical management. Similarly, ACOEM Occupational medicine guidelines also state, A health practitioner may refer to other specialists if a diagnosis is uncertain or extremely complex, when

psychosocial factors are present or when the plan or course of care may benefit from additional expertise. A referral may be for consultation: To aid in the diagnosis, prognosis, therapeutic management, determination of medical stability, and permanent residual loss and/or the examinee's fitness to return to work. A consultant is usually asked to act in an advisory capacity, but may sometimes take full responsibility for investigation and/or treatment for an examinee or patient. On review of both sets of guidelines in relationship to this patient's case there is nothing prohibitory in these guidelines to deny the requesting physician an Orthopedics consultation. This patient has significant pathology on a recent MRI, and physical exam findings that match. The utilization review physician actually approved this request as well. It is an error that this item was ever sent for independent medical review since there is no disagreement between the prescribing physician and the utilization review physician. This request is again found to be medically necessary.