

<b>Case Number:</b>	CM15-0125913		
<b>Date Assigned:</b>	07/16/2015	<b>Date of Injury:</b>	06/04/2003
<b>Decision Date:</b>	09/11/2015	<b>UR Denial Date:</b>	05/29/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/30/2015

### 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: New York

Certification(s)/Specialty: Anesthesiology

### 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 injured worker is a 52 year old female who sustained an industrial injury on 06/04/2003. Current diagnoses include post laminectomy syndrome and sacroilitis. Previous treatments included medications, surgical interventions, injections, spinal cord stimulator, physical therapy, TENS unit, acupuncture, brace, psychological therapy, and massage. Initial injuries occurred to her coccyx when she slid down from a chair landing on her coccyx. Report dated 05/12/2015 noted that the injured worker presented with complaints that included low back pain with pain radiating down both legs at night with associated numbness and aching. Pain level was 4 out of 10 on a visual analog scale (VAS). Physical examination was positive for pain with range of motion, right sacroiliac joint tenderness, and decreased sensation over the dorsal aspect of right foot, and greater trochanteric bursa palpation is positive on the right. The treatment plan included decreasing Norco, Lidoderm film, Lyrica, Protonix, and dicyclomine capsule were not refilled, hold on lumbar hardware injection, request authorization for sacroiliac joint injection, and urine drug screen was collected. The physician did note that he was requesting authorization for all medications and that the medications provide adequate analgesia and keep the injured worker functional. Disputed treatments include Norco, Lidoderm patch, Lyrica, Protonix, and dicyclomine.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Norco 7.5/325mg 1.5 tabs q hs #23:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 4 A's Page(s): 74-96, 111-113, 19.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids for the treatment of chronic pain Page(s): 91-97. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Opioids.

**Decision rationale:** According to the CA MTUS and ODG, Norco 7.5/325mg (Hydrocodone/Acetaminophen) is a short-acting opioid analgesic indicated for moderate to moderately severe pain, and is used to manage both acute and chronic pain. The treatment of chronic pain with any opioid analgesic requires review and documentation of pain relief, functional status, appropriate medication use, and side effects. A pain assessment should include current pain, intensity of pain after taking the opiate, and the duration of pain relief. In this case, there is insufficient evidence that the opioids were prescribed according to the CA MTUS guidelines, which recommend prescribing according to function, with specific functional goals, return to work, random drug testing, an opioid contract, and documentation of a prior failure of non-opioid therapy. There is no documentation of significant pain relief or increased function from the opioids used to date. Medical necessity of the requested medication has not been established. Of note, discontinuation of an opioid analgesic should include a taper to avoid withdrawal symptoms. The requested medication is not medically necessary.

**Lidoderm patch 5% #60:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Lidoderm (lidocaine patches), and Topical Analgesics Page(s): 56-57.

**Decision rationale:** According to the California MTUS Guidelines (2009), topical analgesics, such as the Lidoderm 5% patch, are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. These agents are applied topically 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, for example, NSAIDs, opioids, or antidepressants. Lidoderm is the brand name for a lidocaine patch. 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). Lidoderm patches are not a first-line treatment and are only FDA approved for post-herpetic neuralgia. Further research is needed to recommend this treatment for chronic neuropathic pain disorders other than post-herpetic neuralgia. In this case, medical necessity of the requested medication has not been established. The requested topical analgesic is not medically necessary.

**Lyrica 25mg + 50mg 30 days 60+30: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Anti-Epilepsy Drugs, Pregabalin (Lyrica) Page(s): 16-20, 99.

**Decision rationale:** The California MTUS recommends "Pregabalin (Lyrica) to be effective for the treatment of diabetic neuropathy and post-herpetic neuralgia, has FDA approval for both indications, and is considered first-line treatment for both. Pregabalin was also approved to treat fibromyalgia." The documentation submitted does not support that the injured worker has been diagnosed with diabetic neuropathy, post-herpetic neuralgia, or fibromyalgia. Medical necessity for the requested medication has not been established. The requested medication is not medically necessary.

**Protonix 40mg #60: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines PPIs Page(s): 68-69. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) PPIs.

**Decision rationale:** According to CA MTUS (2009), proton pump inhibitors, such as Protonix (Pantoprazole), are recommended for patients at risk for gastrointestinal events or taking NSAIDs with documented GI distress symptoms. There is no documentation indicating the patient has any GI symptoms or GI risk factors. Risk factors include, age >65, history of peptic ulcer disease, GI bleeding, concurrent use of aspirin, corticosteroids, and/or anticoagulants or high-dose/multiple NSAIDs. Based on the available information provided for review, the medical necessity for Protonix has not been established. The requested medication is not medically necessary.

**Dicyclomine 10mg #90: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Drugs.com.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Medscape Internal Medicine 2014.

**Decision rationale:** Dicyclomine (Bentyl) is an anticholinergic medication that blocks muscarinic receptors. This medication is used to treat intestinal hypermotility and the symptoms of irritable bowel syndrome. It relieves muscle spasms and cramping in the gastrointestinal tract by blocking the activity of acetylcholine on cholinergic or muscarinic receptors on the surface of muscle cells. In this case, there is no documentation of any history of hypermotility or

irritable bowel syndrome. Medical necessity for the requested medication has not been established. The requested medication is not medically necessary.