

<b>Case Number:</b>	CM15-0148202		
<b>Date Assigned:</b>	09/08/2015	<b>Date of Injury:</b>	07/24/2002
<b>Decision Date:</b>	10/14/2015	<b>UR Denial Date:</b>	07/21/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/30/2015

### 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: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

### 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 (IW) is a 40 year old male who sustained an industrial injury on 07-24-2002. He reported low back pain. The injured worker was diagnosed as having lumbar discogenic syndrome, lumbar sprain and strain, lumbosacral or thoracic neuritis, insomnia, myofascial pain, and poor coping. Treatment to date has included acupuncture which was not helpful, Chiropractic increased the pain, transcutaneous electrical nerve stimulation (TENS) unit and home exercise program was used until this recent increase in pain. Ultrasound was helpful in the past, and Gabapentin was well tolerated. Currently, the injured worker complains of low back pain that radiates to the lower extremity with burning and numbness. Subjectively he rates his pain as a 9 on a scale of 10, but there is no description of site or response to medications and interventions. On exam, there is decreased and painful range of motion in all planes of the lumbar spine. The treatment plan included medications, TENS, application of a heating pad, and home exercise program. Physical therapy x6 was requested for his pain flair. A request for authorization was submitted for: 1. Naproxen 550mg #60 (DOS 6-26-2015). 2. Omeprazole 20mg #60 (DOS 6-26-2015). 3. Gabapentin 300mg #90 (DOS 6-26-2015). 4. Lidopro cream 121 gm (unspecified quantity) (DOS 6-26-2015). 5. Unknown ultrasound guided trigger point injection. 6. 4 TENS patches. 7. 6 sessions of physical therapy. A utilization review decision (07-21-2015) certified 6 sessions of physical therapy between 06-26-2015 and 09-08-2015. The prospective request for one prescription of Naproxen 550mg #60 was non-certified citing MTUS recommendations. The prospective request for 4 TENS patches between is conditionally non-certified. The prospective request for Omeprazole 20mg #60 is non-certified citing MTUS. The prospective request for Gabapentin 300mg #90 is non-certified secondary to the MTUS recommendation for neuropathic pain. The prospective request for Lidopro cream 121 gm is non-

certified based on the MTUS recommendation that any compounded product that contains at least one drug that is not recommended is not recommended.

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

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

**Naproxen 550mg #60 (DOS 6/26/2015): Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): NSAIDs (non-steroidal anti-inflammatory drugs), NSAIDs, GI symptoms & cardiovascular risk, NSAIDs, hypertension and renal function, NSAIDs, specific drug list & adverse effects.

**Decision rationale:** Regarding the request for Naproxen, Chronic Pain Medical Treatment Guidelines state that NSAIDs are recommended at the lowest dose for the shortest period in patients with moderate to severe pain. Within the documentation available for review, there is no indication that Naproxen is providing any specific analgesic benefits (in terms of percent pain reduction, or reduction in numeric rating scale), or any objective functional improvement. In the absence of such documentation, the currently requested Naproxen is not medically necessary.

**Omeprazole 20mg #60 (DOS 6/26/2015): Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): NSAIDs, GI symptoms & cardiovascular risk. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter, Proton Pump Inhibitors (PPIs).

**Decision rationale:** Regarding the request for omeprazole (Prilosec), California MTUS states that proton pump inhibitors are appropriate for the treatment of dyspepsia secondary to NSAID therapy or for patients at risk for gastrointestinal events with NSAID use. Within the documentation available for review, there is no indication that the patient has complaints of dyspepsia secondary to NSAID use, a risk for gastrointestinal events with NSAID use, or another indication for this medication. In light of the above issues, the currently requested omeprazole (Prilosec) is not medically necessary.

**Gabapentin 300mg #90 (DOS 6/26/2015): Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Antiepilepsy drugs (AEDs).

**Decision rationale:** Regarding request for gabapentin (Neurontin), Chronic Pain Medical Treatment Guidelines state that antiepilepsy drugs are recommended for neuropathic pain. They go on to state that a good outcome is defined as 50% reduction in pain and a moderate response is defined as 30% reduction in pain. Guidelines go on to state that after initiation of treatment, there should be documentation of pain relief and improvement in function as well as documentation of side effects incurred with use. The continued use of AEDs depends on improved outcomes versus tolerability of adverse effects. Within the documentation available for review, there is no identification of any specific analgesic benefit (in terms of percent reduction in pain or reduction of NRS), and no documentation of specific objective functional improvement. Additionally, there is no discussion regarding side effects from this medication. Antiepileptic drugs should not be abruptly discontinued but unfortunately there is no provision to modify the current request. As such, the currently requested gabapentin (Neurontin) is not medically necessary.

**Lidopro cream 121 gm (unspecified quantity) (DOS 6/26/2015): Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Topical Analgesics.

**Decision rationale:** Regarding request for topical lidocaine, Chronic Pain Medical Treatment Guidelines recommend the use of topical lidocaine for localized peripheral pain after there has been evidence of a trial of the 1st line therapy such as tri-cyclic antidepressants, SNRIs, or antiepileptic drugs. Guidelines go on to state that no commercially approved topical formulations of lidocaine cream, lotion, or gel are indicated for neuropathic pain. Within the documentation available for review, there is no indication that the patient has failed first-line therapy recommendations. Furthermore, guidelines do not support the use of topical lidocaine preparations which are not in patch form. As such, the currently requested topical lidocaine is not medically necessary.

**Unknown ultrasound guided trigger point injection: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Trigger point injections. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Chronic Pain Chapter, Trigger Point Injections.

**Decision rationale:** Regarding the request for ultrasound guided trigger point injections, Chronic Pain Medical Treatment Guidelines support the use of trigger point injections after 3 months of conservative treatment provided trigger points are present on physical examination. ODG states that repeat trigger point injections may be indicated provided there is at least 50% pain relief with reduction in medication use and objective functional improvement for 6 weeks. Within the documentation available for review, there are no physical examination findings consistent with trigger points, such as a twitch response as well as referred pain upon palpation. Additionally, there is no documentation of failed conservative treatment for 3 months. Finally, there is no documentation of at least 50% pain relief with reduction in medication use and objective functional improvement for 6 weeks, as a result of previous trigger point injections.

Additionally, guidelines do not support the necessity of ultrasound to perform trigger point injections. Trigger point injections are usually guided by physical examination findings as described in guidelines. In the absence of clarity regarding those issues, the requested ultrasound guided trigger point injections are not medically necessary.