

<b>Case Number:</b>	CM15-0176636		
<b>Date Assigned:</b>	10/05/2015	<b>Date of Injury:</b>	03/25/2009
<b>Decision Date:</b>	12/09/2015	<b>UR Denial Date:</b>	08/24/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/08/2015

### 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: Tennessee, Florida, Ohio  
 Certification(s)/Specialty: Surgery, Surgical Critical Care

### 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 44 year old male with a date of injury of March 25, 2009. A review of the medical records indicates that the injured worker is undergoing treatment for failed back surgery syndrome, lower extremity radiculopathy, lumbar facet arthropathy, bilateral sacroiliac joint arthropathy, cervical strain rule out disc disruption with facet arthropathy, cephalgias with possible cervicogenic headaches, chronic left knee pain, and persistent right Bell's palsy. Medical records dated June 30, 2015 indicate that the injured worker complained of persistent lower back pain radiating to the lower extremity to the level of the left foot, and right facial hemiparalysis. A progress note dated August 4, 2015 documented complaints of persistent lower back pain radiating to the inguinal area and both lower extremities, difficulty sleeping, and pain rated at a level of 6 to 8 out of 10. Per the treating physician (August 4, 2015), the employee has not returned to work. The physical exam dated June 30, 2015 reveals persistent right facial muscle weakness, decreased range of motion of the lumbar spine, pain in the spinous processes of L3-4, L4-5 and L5-S1 in the midline and the facets of bilaterally, positive facet loading bilaterally, muscle spasm from L2 to L5, positive straight leg raise more on the left, pain with sacroiliac joint compression, and positive Patrick Fabere's test bilaterally. The progress note dated August 4, 2015 documented a physical examination that showed pin on palpation of the spinous processes of L4-5 and L5-S1 on the midline and facets of L2-3, L3-4, L4-5, and L5-S1, pain with L5-S1 and sacroiliac joint compression, positive Gaenslen's test bilaterally, muscle spasm from T12 to L5, positive facet loading, positive straight leg raise test more on the left, positive Lasegue's on the left, positive Patrick Fabere's bilaterally, and pain with palpation of the

medial and lateral joint line of the knee with some tenderness in the medial collateral ligaments. Treatment has included medications (Percocet 10-325mg every twelve hours and Ibuprofen 800mg twice a day, Gabapentin 300mg twice a day, and Lidoderm patches since at least February of 2015), and back surgery. The treating physician documented that the urine drug screen dated April of 2015 was "Positive for metabolites of the medications taken". The original utilization review (August 24, 2015) non-certified a request for Percocet 10-325mg, Ibuprofen 800mg, Gabapentin 300mg, Lidoderm patch 5%, and a repeat urine drug screen.

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

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

#### **Percocet 10/325mg: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids for chronic pain.

**Decision rationale:** There is not sufficient clinical information provided to justify the medical necessity of this prescription for this patient. In accordance with California MTUS guidelines, narcotics for chronic pain management should be continued if "(a) If the patient has returned to work, (b) If the patient has improved functioning and pain." MTUS guidelines also recommends that dosing "not exceed 120 mg oral morphine equivalents per day, and for patients taking more than one opioid, the morphine equivalent doses of the different opioids must be added together to determine the cumulative dose." Due to high abuse potential, close follow-up is recommended with documentation of analgesic effect, objective functional improvement, side effects, and discussion regarding any aberrant use. Guidelines go on to recommend discontinuing opioids if there is no documentation of improved function and pain. Within the documentation available for review, there is no indication that the medication is improving the patient's pain (in terms of percent reduction in pain or reduced NRS), no documentation regarding side effects, and no discussion regarding aberrant use. Therefore, based on the submitted medical documentation, the request for Percocet 10/325 is not medically necessary.

#### **Ibuprofen 800mg: 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).

**Decision rationale:** There is not sufficient clinical information provided to justify the medical necessity of treatment of this medication for this patient. The California MTUS guidelines address the topic of NSAID prescriptions by stating, "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 routine use of NSAIDs due to the potential for adverse side effects (GI bleeding, ulcers, renal failure, etc). The medical records do not support that the patient has a contraindication to other non-opioid analgesics. Therefore, request for ibuprofen prescription is not medically necessary and has not been established.

**Gabapentin 300mg:** 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): Anti-epilepsy drugs (AEDs).

**Decision rationale:** There is not sufficient clinical information provided to justify the medical necessity of this prescription for this patient. MTUS Chronic Pain Guidelines note Gabapentin is an anti-epilepsy drug (AEDs -also referred to as anti-convulsants), which has been shown to be effective for treatment of diabetic painful neuropathy and postherpetic neuralgia and has been considered as a first-line treatment for neuropathic pain. The Guidelines recommend Gabapentin for patients with spinal cord injury as a trial for chronic neuropathic pain that is associated with this condition. The Guidelines also recommend a trial of Gabapentin for patients with fibromyalgia and patients with lumbar spinal stenosis. Within the provided documentation it did not appear the patient had a diagnosis of fibromyalgia or clear neuropathic pain demonstrating the patient's need for the medication at this time. Additionally, the requesting physician did not include adequate documentation of objective functional improvements with the medication or decreased pain from use of the medication in order to demonstrate the efficacy of the medication. Therefore, based on the submitted medical documentation, the request for Neurontin is not medically necessary.

**Lidoderm patch 5%:** 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): Lidoderm (lidocaine patch).

**Decision rationale:** There is not sufficient clinical information provided to justify the medical necessity of a Lidoderm patch prescription. In accordance with California Chronic Pain MTUS guidelines, Lidoderm (topical Lidocaine) may be recommended for localized peripheral pain after there has been a trial of a first-line treatment. The MTUS guideline specifies "tri-cyclic or SNRI anti-depressants or an AED such as gabapentin or Lyrica" as first line treatments. The provided documentation does not show that this patient was tried and failed on any of these recommended first line treatments. Topical Lidoderm is not considered a first line treatment and is currently only FDA approved for the treatment of post-herpetic neuralgia. Therefore, based on the submitted medical documentation, the request for Lidoderm patch prescription is not medically necessary.

**Repeat Urinary drug screen:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain.

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

**Decision rationale:** There is not sufficient clinical information provided to justify the medical necessity of a urine drug screen for this patient. The clinical records submitted do not support the fact that this patient has been documented to have a positive drug screen for illicit or non-prescribed substances. The MTUS guidelines recommend frequent and random urine drug screens where aberrant behavior is suspected. This patient has not been documented to have suspicion of aberrant behavior. His pain is documented as well controlled and past drug screens are consistent with currently prescribed medications. Therefore, based on the submitted medical documentation, the request for drug screening is not medically necessary.