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| <b>Case Number:</b>   | CM15-0021664 |                              |            |
| <b>Date Assigned:</b> | 03/18/2015   | <b>Date of Injury:</b>       | 01/02/2006 |
| <b>Decision Date:</b> | 04/14/2015   | <b>UR Denial Date:</b>       | 01/06/2015 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 02/05/2015 |

### 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: Texas, Florida, California

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

### 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 56-year-old male sustained an industrial injury via repetitive trauma to the neck, back, right shoulder, right wrist and bilateral knees on 12/28/05. Treatment included physical therapy, chiropractic therapy, acupuncture, medications, magnetic resonance imaging scans and lumbar fusion. In a PR-2 dated 12/16/14, the injured worker complained of pain to the cervical spine, upper back, bilateral shoulders and right knee rated 7-9/10 on the visual analog scale. The injured worker reported continuous episodes of anxiety, stress, depression and difficulty sleeping. Physical exam was remarkable for antalgic gait, tenderness and spasm over the lumbar spine paraspinals and sciatic notch with restricted range of motion, positive straight leg bilaterally and decreased sensation on the L5 and S1 distribution bilaterally. Current diagnoses included lumbar fusion at L5-S1, intractable lumbar pain, multilevel cervical disc protrusion, cervical and lumbar radiculopathy and hypertension. The treatment plan included an epidural steroid injection and continuing medications (Neurontin, Ambien and Paxil).

### IMR ISSUES, DECISIONS AND RATIONALES

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

**(1) Prescription of Norco 10mg, #60 with 5 refills: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20, 9792.26 Page(s): Page 88 of 127.

**Decision rationale:** In regards to the long term use of opiates, the MTUS poses several analytical questions such as has the diagnosis changed, what other medications is the patient taking, are they effective, producing side effects, what treatments have been attempted since the use of opioids, and what is the documentation of pain and functional improvement and compare to baseline. These are important issues, and they have not been addressed in this case. There especially is no documentation of functional improvement with the regimen. The request for long-term opiate usage is not certified per MTUS guideline review.

**(1) Prescription of Lidocaine patches 4% #10 with 5 refills:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20, 9792.26 MTUS (Effective July 18, 2009) Page(s): 56 of 127.

**Decision rationale:** Lidoderm is the brand name for a lidocaine patch produced by [REDACTED]. 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). This is not a first-line treatment and is only FDA approved for post-herpetic neuralgia. It is not clear the patient had forms of neuralgia, and that other agents had been first used and exhausted. The MTUS notes that further research is needed to recommend this treatment for chronic neuropathic pain disorders other than post-herpetic neuralgia. The request was appropriately non-certified under MTUS.

**(1) Prescription of Paxil 20mg, #60 wit 5 refills:** Upheld

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

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain chapter, under Antidepressants.

**Decision rationale:** Regarding antidepressants to treat a major depressive disorder, the ODG notes: Recommended for initial treatment of presentations of Major Depressive Disorder (MDD) that are moderate, severe, or psychotic, unless electroconvulsive therapy is part of the treatment plan. Not recommended for mild symptoms. In this case, it is not clear what objective benefit has been achieved out of the antidepressant usage, how the activities of daily living have

improved, and what other benefits have been. It is not clear if this claimant has a major depressive disorder. The request is appropriately non-certified.

**(1) Prescription of Ambien 5mg, #60 with 5 refills: Upheld**

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

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, under Zolpidem.

**Decision rationale:** The MTUS is silent on the long term use of Zolpidem, also known as Ambien. The ODG, Pain section, under Zolpidem notes that is a prescription short-acting nonbenzodiazepine hypnotic, which is approved for the short-term (usually two to six weeks) treatment of insomnia. In this claimant, the use is a chronic long-term usage. The guides note that pain specialists rarely, if ever, recommend them for long-term use. They can be habit-forming, and they may impair function and memory more than opioid pain relievers. There is also concern that they may increase pain and depression over the long-term. (Feinberg, 2008). I was not able to find solid evidence in the guides to support long-term usage. The medicine was appropriately non-certified.

**(1) Prescription of Methoderm gel #1 with 5 refills: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 ? 9792.26 MTUS (Effective July 18, 2009) Page(s): 105 of 127..

**Decision rationale:** Methoderm is a combination of methyl salicylate and menthol. The MTUS notes that topical salicylate (e.g., Ben-Gay, methyl salicylate) is significantly better than placebo in chronic pain. (Mason-BMJ, 2004). This product is used to treat minor aches and pains of the muscles/joints (e.g., arthritis, backache, sprains). Menthol and methyl salicylate are known as counterirritants. They work by causing the skin to feel cool and then warm. These feelings on the skin distract you from feeling the aches/pains deeper in your muscles, joints, and tendons. In this case, these agents are readily available over the counter, so prescription analogues would not be necessary. The request is appropriately non-certified.