

<b>Case Number:</b>	CM15-0028149		
<b>Date Assigned:</b>	02/20/2015	<b>Date of Injury:</b>	05/03/2010
<b>Decision Date:</b>	04/02/2015	<b>UR Denial Date:</b>	01/29/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/13/2015

### 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 is a 44 year old female, who sustained an industrial injury on 5/3/10. She has reported pain in the neck and back. The diagnoses have included joint pain and forearm pain. Treatment to date has included left shoulder and cervical MRI, EMG/NCV studies and oral medications. As of the PR2 dated 11/10/14, the injured worker reports pain in the neck and shoulders. She reports that the pain is worse when raising her arm and she is considering surgery. The treating physician requested Lidoderm 8% patch 700mg/patch #30 x 5 refills, Cyclobenzaprine 6mg #90, Hydrocodone/APAP 5/325mg #90 and Protonix 20mg #60. On 1/29/15 Utilization Review non-certified a request for Lidoderm 8% patch 700mg/patch #30 x 5 refills, Cyclobenzaprine 6mg #90, Hydrocodone/APAP 5/325mg #90 and Protonix 20mg #60. The utilization review physician cited the MTUS guidelines for chronic pain medical treatment. On 2/13/15, the injured worker submitted an application for IMR for review of Lidoderm 8% patch 700mg/patch #30 x 5 refills, Cyclobenzaprine 6mg #90, Hydrocodone/APAP 5/325mg #90 and Protonix 20mg #60.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Lidoderm 8% patch 700mg/patch SIG: apply 1 patch Q12 hrs #30 with 5 refills: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 112.

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

**Decision rationale:** Regarding request for topical Lidoderm, 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 first line therapy such as tricyclic antidepressants, SNRIs, or antiepileptic drugs. Within the documentation available for review, there is no documentation of localized peripheral neuropathic pain as recommended by guidelines such as post-herpetic neuralgia. This is the FDA approved indication for this medication. A note from January 2015 documents only musculoskeletal pathologies involving the shoulder and forearm. As such, the currently requested Lidoderm is not medically necessary.

**Cyclobenzaprine 6mg tablet SIG, 1 tab Q8hrs #90:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 41.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants Page(s): 63-66.

**Decision rationale:** Regarding the request for cyclobenzaprine, Chronic Pain Medical Treatment Guidelines support the use of non-sedating muscle relaxants to be used with caution as a 2nd line option for the short-term treatment of acute exacerbations of pain. Guidelines go on to state that cyclobenzaprine specifically is recommended for a short course of therapy. Within the documentation available for review, there is no identification of a specific analgesic benefit or objective functional improvement as a result of the cyclobenzaprine. Additionally, it does not appear that this medication is being prescribed for the short-term treatment of an acute exacerbation, as recommended by guidelines. The progress note from 11/10/2014 has documentation that cyclobenzaprine was used at that time. This exceeds the recommended short-term course of therapy. The currently requested cyclobenzaprine is not medically necessary.

**Hydrocodone APAP 5/325mg tablet SIG, 1/2 tab QID #90:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 78.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 76-80.

**Decision rationale:** With regard to this request, the California Chronic Pain Medical Treatment Guidelines state the following about on-going management with opioids: "Four domains have been proposed as most relevant for ongoing monitoring of chronic pain patients on opioids: pain

relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant (or non-adherent) drug-related behaviors. These domains have been summarized as the '4 A's' (analgesia, activities of daily living, adverse side effects, and aberrant drug-taking behaviors). The monitoring of these outcomes over time should affect therapeutic decisions and provide a framework for documentation of the clinical use of these controlled drugs." Guidelines further recommend discontinuing opioids if there is no documentation of improvement in function and reduction in pain. In the progress reports available for review, the requesting provider did not adequately document monitoring of the four domains. Improvement in function was not clearly outlined. The MTUS defines this as a clinical significant improvement in activities of daily living or a reduction in work restrictions. These were not noted in progress notes from Jan 2015, November 2014, and July 2014. Based on the lack of documentation, medical necessity of this request cannot be established at this time. Although this opioid is not medically necessary at this time, it should not be abruptly halted, and the requesting provider should start a weaning schedule as he or she sees fit or supply the requisite monitoring documentation to continue this medication.

**Pantoprazole Protonix 20mg SIG, 1 OD #60:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 68-69.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines PPI Page(s): 68-69.

**Decision rationale:** This request involves the appropriateness of proton pump inhibitors. The Chronic Pain Medical Treatment Guidelines on page 68-69 states the following regarding the usage of proton pump inhibitors (PPI): "Clinicians should weight the indications for NSAIDs against both GI and cardiovascular risk factors. Determine if the patient is at risk for gastrointestinal events: (1) age > 65 years; (2) history of peptic ulcer, GI bleeding or perforation; (3) concurrent use of ASA, corticosteroids, and/or an anticoagulant; or (4) high dose/multiple NSAID (e.g., NSAID + low-dose ASA)." In the case of this injured worker, there is no documentation of any of the risk factors above including age, history of multiple NSAID use, history of gastrointestinal ulcer or bleeding, or use of concomitant anticoagulants or corticosteroids. The patient is noted to be on a non-selective NSAID in relafen. Furthermore, there does not appear to be adequate documentation of the rationale for why PPI's are necessary in this case, or any additional gastrointestinal work-up performed by a specialist to support this request. Given this, this request is not medically necessary.