

<b>Case Number:</b>	CM15-0038221		
<b>Date Assigned:</b>	04/07/2015	<b>Date of Injury:</b>	10/16/2013
<b>Decision Date:</b>	05/07/2015	<b>UR Denial Date:</b>	02/04/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/27/2015

### 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: Pennsylvania  
 Certification(s)/Specialty: Internal 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:

The injured worker is a 59 year old male who sustained an industrial injury on 10/16/2013, while employed as a truck driver. He reported a tripping with his left foot and feeling something tight in his back. The injured worker was diagnosed as having herniated nucleus pulposus of the lumbar spine, lumbar radiculopathy, cervical herniated nucleus pulposus with mild bilateral neural foraminal narrowing C6-7, right foot drop, and right ankle anterior impingement. Additional past medical history includes diabetes. Treatment to date has included microlumbar decompressive surgery right L3-4 and L4-5 on 6/26/2014, ankle foot orthosis (AFO) brace, chiropractic, physical therapy, home exercise program, and medications. The injured worker underwent magnetic resonance imaging of the lumbar spine on 10/15/2014 which showed progression of degenerative disc disease, postoperative change, facet arthropathy, canal stenosis L3-4 and neural foraminal narrowing at L2-3, L4-5 and L5-S1. Progress notes from 2013-2015 were submitted. Norco was prescribed since November 2013. At a visit on 1/29/15, the physician documented that the injured worker's condition was stable but that he had persistent pain complaints. Low back pain was rated 8/10, with weakness and pain in the right lower extremity, rated 7/10. His medications included Norco, Gabapentin, Pamelor, ibuprofen, and Prilosec. He also reported good relief with topical Ketoprofen cream but that LidoPro cream worked better than Ketoprofen cream. He stated that without medications, his pain would be intolerable and that the medications allow him to increase his walking distance by 5-10 minutes, decrease pain by about 40% and allow him to sleep for two hours longer. Previous use of Advil, Aleve, and Tylenol provided minimal relief. Prilosec was noted to be taken for gastritis related to

ibuprofen. He reported some gastrointestinal irritation and constipation, noting the latter to be a continued issue. Examination showed antalgic gait with use of a single point can, decreased sensation of the left L3, L4, L5 and S1 dermatomes and of the right C5, C6 and C7 dermatomes, decreased strength in the right upper and lower extremity with positive straight leg raise on the right. The documentation notes that the injured worker last worked on 10/16/13; work status was temporarily totally disabled. On 2/4/15, Utilization Review (UR) non-certified requests for gabapentin 600 mg #60, omeprazole 20 mg #60, ketoprofen cream 20%, and ibuprofen 800 mg #60. A request for norco 5/325 #60 was modified to #50. UR cited the MTUS.

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

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

**Norco 5/325mg quantity 60: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines opioids Page(s): 74-96.

**Decision rationale:** This injured worker has chronic low back pain treated with norco for more than one year. There is no evidence that the treating physician is prescribing opioids according to the MTUS, which recommends prescribing according to function, with specific functional goals, return to work, random drug testing, and opioid contract. There should be a prior failure of non- opioid therapy. None of these aspects of prescribing are in evidence. Per the MTUS, opioids are minimally indicated, if at all, for chronic non-specific pain, osteoarthritis, "mechanical and compressive etiologies," and chronic back pain. There is no evidence of significant pain relief or increased function from the opioids used to date. The documentation indicates the injured worker has not worked since the date of injury, and that work status is temporarily totally disabled. The prescribing physician does not specifically address function with respect to prescribing opioids, and does not address the other recommendations in the MTUS. The MTUS states that a therapeutic trial of opioids should not be employed until the patient has failed a trial of non- opioid analgesics. There is no evidence that the treating physician has utilized a treatment plan NOT using opioids, and that the patient "has failed a trial of non-opioid analgesics." Ongoing management should reflect four domains of monitoring, including analgesia, activities of daily living, adverse side effects, and aberrant drug-taking behaviors. The documentation does not reflect improvement in pain. Constipation secondary to norco was noted. Change in activities of daily living and screening for aberrant drug-taking behaviors were not documented. The MTUS recommends urine drug screens for patients with poor pain control and to help manage patients at risk of abuse. There is no record of a urine drug screen program performed according to quality criteria in the MTUS and other guidelines. As currently prescribed, norco does not meet the criteria for long term opioids as elaborated in the MTUS and is therefore not medically necessary.

### **Gabapentin 600mg quantity 60: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines anticonvulsants Page(s): 16-22.

**Decision rationale:** Per the MTUS, anti-epilepsy drugs (AEDs) are recommended for neuropathic pain due to nerve damage. Gabapentin has been shown to be effective for treatment of diabetic neuropathy and postherpetic neuralgia and has been considered a first line treatment for neuropathic pain. There was no documentation of diabetic neuropathy or postherpetic neuralgia. The MTUS notes the lack of evidence for treatment of radiculopathy (the apparent reason for the prescription, although the treating physician states it was for neuropathic pain). A "good" response to the use of AEDs is defined as a 50% reduction in pain and a "moderate" response as a 30% reduction. Lack of at least a 30% response per the MTUS would warrant a switch to a different first line agent or combination therapy. After initiation of treatment, there should be documentation of pain relief with improvement in function, and documentation of any side effects, with continued use of AEDs dependent on improved outcomes versus tolerability of adverse effects. The duration of use of gabapentin was not made clear in the documentation submitted; however the progress note of 1/29/15 indicates that the injured worker was currently using the medication and that it was to be continued. There was no documentation of response to gabapentin specifically, as medications were discussed as a group. There was no documentation of functional improvement; the injured worker had not worked since the injury and there was no documentation of improvement in activities of daily living or decrease in medication use. Due to lack of specific indication and lack of documentation of functional improvement, the request for gabapentin is not medically necessary.

### **Omeprazole 20mg quantity 60: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS, GI symptoms and cardiovascular risk Page(s): 68-69.

**Decision rationale:** This injured worker has been prescribed ibuprofen, a non-steroidal anti-inflammatory medication (NSAID), and omeprazole, a proton pump inhibitor (PPI). Per the MTUS, co-therapy with a non-steroidal anti-inflammatory medication (NSAID) and a proton pump inhibitor (PPI) is not indicated in patients other than those at intermediate or high risk for gastrointestinal events (including age > 65 years, history of peptic ulcer, gastrointestinal (GI) bleeding or perforation, concurrent use of aspirin, corticosteroids and/or an anticoagulant, or high dose/multiple NSAIDS such as NSAID plus low dose aspirin). None of these risk factors were documented for this injured worker. The documentation notes gastritis secondary to ibuprofen and gastrointestinal irritation, without further discussion or documentation of evaluation for this. There is no examination of the abdomen on record. There are many possible etiologies for GI symptoms; the available reports do not provide adequate consideration of these possibilities. Empiric treatment after minimal evaluation is not indicated. If one were to presume

that a medication were to be the cause of the gastrointestinal symptoms, the treating physician would be expected to change the medication regime accordingly, at least on a trial basis to help determine causation. Note the MTUS recommendation regarding the options for NSAID-induced dyspepsia, which include stopping the NSAID, switching to a different NSAID, or consideration of H2 receptor antagonists or a PPI. In this case, there is no evidence of any attempts to determine the cause of symptoms, including no attempts to adjust medications. In addition, the associated NSAID has been determined to be not medically necessary. Due to insufficient GI evaluation and lack of indication, the request for Prilosec is not medically necessary.

**Ketoprofen cream 20%: Upheld**

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

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

**Decision rationale:** This injured worker has chronic low back pain and radiculopathy. Per the MTUS, topical analgesics are recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Ketoprofen, a nonsteroidal anti-inflammatory agent (NSAID), is not currently FDA approved for topical application. It has a high incidence of photocontact dermatitis. There is little evidence to utilize topical NSAIDS for treatment of osteoarthritis of the spine, hip, or shoulder, and topical NSAIDS are not recommended for neuropathic pain. As topical ketoprofen is not FDA approved, it is therefore experimental and cannot be presumed as safe and efficacious. Non-FDA approved medications are not medically necessary. The treating physician is prescribing oral and transdermal NSAIDs. This is duplicative, potentially toxic, and excessive, as topical NSAIDs are absorbed systemically. Due to lack of indication and potential for toxicity, the request for ketoprofen cream is not medically necessary.

**Ibuprofen 800mg quantity 60: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS Page(s): 67-73.

**Decision rationale:** This injured worker has chronic low back pain. Per the MTUS, non-steroidal anti-inflammatory drugs (NSAIDs) are recommended as a second line treatment after acetaminophen for treatment of acute exacerbations of chronic back pain. The MTUS does not specifically reference the use of NSAIDs for long term treatment of chronic pain in other specific body parts. NSAIDs are noted to have adverse effects including gastrointestinal side effects and increased cardiovascular risk; besides these well-documented side effects of NSAIDs, NSAIDs have been shown to possibly delay and hamper healing in all the soft tissues including muscles, ligaments, tendons, and cartilage. NSAIDs can increase blood pressure and may cause fluid retention, edema, and congestive heart failure; all NSAIDS are relatively contraindicated in

patients with renal insufficiency, congestive heart failure, or volume excess. They are recommended at the lowest dose for the shortest possible period in patients with moderate to severe pain. The MTUS does not recommend chronic NSAIDs for low back pain, NSAIDs should be used for the short term only. The treating physician is prescribing oral and transdermal NSAIDs. This is duplicative, potentially toxic, and excessive, as topical NSAIDs are absorbed systemically. The documentation indicates minimal relief with Advil (ibuprofen), with continued prescription of ibuprofen in spite of this. There was no documentation of functional improvement as a result of ibuprofen; the injured worker has not worked since the injury and work status remains temporarily totally disabled, and there was no documentation of improvement in activities of daily living or decrease in medication use. In addition, the physician notes gastrointestinal symptoms secondary to ibuprofen. Due to lack functional improvement, documentation of minimal pain relief with Advil, documented GI side effects, and potential for toxicity, the request for ibuprofen is not medically necessary.