

<b>Case Number:</b>	CM15-0039936		
<b>Date Assigned:</b>	04/09/2015	<b>Date of Injury:</b>	09/26/1997
<b>Decision Date:</b>	05/07/2015	<b>UR Denial Date:</b>	02/24/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/03/2015

### 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:

This 49 year old woman sustained an industrial injury on 9/26/1997. While lifting boxes, she sustained injury to the low back. Diagnoses include chronic pain and lumbar radiculopathy. Evaluations include and abdominal/pelvis CT scan dated 9/15/2013, three view x-rays of the right femur dated 9/15/2013, and a lumbar spine MRI without contrast dated 5/28/2013. Treatment has included medications, physical therapy, acupuncture, chiropractic, cervical epidural steroid injection, and a home exercise program. At a pain management evaluation on 11/18/14, pain was rated 7/10 in intensity with medications and 9/10 in intensity without medications. Limitations in the following activities of daily living were noted: physical activity, self care/hygiene, sexual, and sleep. Medications included lyrica, Mobic, tizanidine, lidocaine patch, soma, and Vicodin. Medications were noted to provide temporary benefit. The injured worker was working without restrictions. On 1/6/15, the injured worker reported constant neck pain, low back pain with muscle spasms, and nausea. Pain was rated 6/10 in intensity with medications. Limitations in activities of daily living including activity, ambulation, sex, and sleep were noted. Naloxone emergency kit and norflex were prescribed. Medications as of 1/6/15 included lyrica, Mobic, Lidoderm, naloxone, norco, and norflex. Physician notes dated 1/29/2015 show complaints of neck and low back pain rated 8/10 with medication, with radiation down the bilateral lower extremities and described as worsening. She continued to report frequent nausea. Limitations in activities of daily living including activity, ambulation, sex, and sleep were noted. Examination showed spasm and tenderness at L4-S1, decreased sensation along L3-4 dermatome and decreased strength at L4-S1, and positive straight leg raise on the

right. Recommendations include continue home exercise program, urine drug screening, laboratory testing, discontinue Norflex, and follow up in one month. Medications as of 1/29/15 include tizanidine, Mobic, Lidoderm patch, naloxone, norco, and lyrica. The worker received an injection of Toradol during this visit due to acute increase in pain. Work status was noted as currently not working. On 2/24/15, Utilization Review (UR) non-certified requests for naloxone, Lidoderm patches, and Toradol injection, and modified a request for lyrica, citing the MTUS and ODG.

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

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

#### **1 prescription of Naloxone 0.4mg/ml syringe #1: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines opioids, partial agonists-antagonists Page(s): 75. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) pain chapter: naloxone, evzio.

**Decision rationale:** The MTUS states that naloxone is an opioid antagonist, which is used most often to reverse the effects of agonists and agonist-antagonist-derived opioids. The treating physician has not provided the reason for prescription of naloxone. The Official Disability Guidelines citation above addresses this kind of naloxone prescription, and has a long and detailed list of criteria for prescription. These include documentation of a complete history that includes questions about prior drug and alcohol use (including previous overdose), recent detoxification or abstinence from drugs, results of a screening tool for potential prescription drug abuse, a complete list of chronic medical illnesses, and a complete medication list. There should be evidence of provision of education, counseling about drug use, and information about risk of overdose. In addition, the ODG gives a list of considerations for use which include patients with history of abuse of scheduled drugs, substance abuse or opioid intoxication, patients on methadone or buprenorphine maintenance, patients who have had opioids rotated, those prescribed high doses of opioids, patients who live remotely from emergency care and who are on high dose opioids, and patients who voluntarily request naloxone. With the exception of medical history and medication list, none of these criteria were presented in this case so the medical necessity is not present on this basis. As such, the request for naloxone is not medically necessary.

#### **1 prescription of Lidoderm 5% patches #30: Upheld**

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

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

**Decision rationale:** Topical lidocaine is recommended for localized peripheral pain after there has been evidence of a trial of first line therapy with tricyclic or serotonin/norepinephrine reuptake inhibitor anti-depressants or an antiepileptic drug such as gabapentin or Lyrica. Topical lidocaine in dermal patch form (Lidoderm) has been designated for orphan status by the FDA for neuropathic pain, and further research is needed to recommend this treatment for chronic neuropathic pain disorders other than post-herpetic neuralgia. The MTUS recommends against Lidoderm for low back pain or osteoarthritis. This injured worker does not have a diagnosis of post-herpetic neuralgia or neuropathic pain, and she is being treated for low back pain. Due to lack of indication specified by the guidelines, the request for lidoderm is not medically necessary.

**1 prescription of Lyrica 75mg #60: Upheld**

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

**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. Lyrica (pregabalin) has been documented to be effective in treatment of diabetic neuropathy and postherpetic neuralgia, and is FDA approved for these indications as well as for fibromyalgia. Side effects include edema, central nervous system depression, weight gain, blurred vision, somnolence, and dizziness. 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. In this case, Lyrica has been prescribed for at least three months, without documentation of improvement in pain; in fact, pain was noted to be worsening. There was no documentation of functional improvement as a result of use of Lyrica. Work status was full duty in November 2014 and not working in February 2015, and there was no documentation of improvement in activities of daily living or decrease in dependence on medical care. This injured worker had chronic low back pain with radiculopathy; a diagnosis of neuropathic pain was not documented. Antiepileptic drugs (AEDs) are associated with teratogenicity and should be used with caution in women of childbearing age. There is no evidence that the treating physician has discussed this with this reproductive age female; there was no evidence for informed consent to use a reproductive hazard. Due to lack of indication, lack of functional improvement or improvement in pain, and potential for toxicity, the request for Lyrica is not medically necessary.

**1 Toradol injection 60mg: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines toradol  
Page(s): 72.

**Decision rationale:** Toradol (ketorolac) is indicated for the short-term (less than or equal to 5 days) management of moderately severe acute pain that requires analgesia at the opioid level, usually in a post-operative setting. The manufacturer states that Toradol is contraindicated in patients currently receiving aspirin (ASA) or non-steroidal anti-inflammatory agents (NSAIDs) because of the cumulative risk of inducing serious NSAID-related adverse events. The manufacturer and the MTUS state that Toradol "is not indicated for chronic painful conditions." This patient has chronic pain. Per the FDA prescribing information for Toradol, concomitant use with NSAIDs is contraindicated because of the cumulative risk of inducing serious NSAID-related side effects. The injured worker is also prescribed mobic, a NSAID. Due to cotherapy with another NSAID which is contraindicated per the guidelines and the FDA, the request for toradol injection is not medically necessary.