

<b>Case Number:</b>	CM15-0047875		
<b>Date Assigned:</b>	04/14/2015	<b>Date of Injury:</b>	04/29/2012
<b>Decision Date:</b>	06/01/2015	<b>UR Denial Date:</b>	02/16/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/13/2015

### 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, Arizona

Certification(s)/Specialty: Physical Medicine & Rehabilitation

### 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 50 year old female, who sustained an industrial injury on 04/29/2012. Treatments to date has included lumbar facet blocks, x-rays, computed tomography imaging, MRI of the lumbar spine, electrodiagnostic studies, medications, psychological treatments and epidural steroid injections. Currently, the injured worker's chief complaint is constant low back pain radiating into the right lower extremity with tingling and numbness involving both legs, bilateral knee pain nonindustrial related to osteoarthritis and left foot stress fracture. The provider noted that the injured worker was allergic to aspirin and Ibuprofen and was previously recommended against Naprosyn due to medications induced gastritis and dyspepsia. On physical examination there was evidence of right sided limping and guarded gait. There was midline tenderness to the lumbar spine from L2-S1, moderate bilateral lumbar facet tenderness at L4-S1 and moderate bilateral sacroiliac tenderness. Lumbar spine movement was painful. Straight leg and Lasegues were positive on the right at 50 degrees. There was weakness to the right lower extremity and right L5-S1 nerve distribution demonstrated hypoesthesia. Impression was noted as possible lumbar discogenic pain, possible bilateral lumbar facet pain L4-L5 and L5-S1 right more than left/possible lumbar sprain/strain, constant right lumbosacral radicular pain L5-S1, stress syndrome (anxiety, depression and insomnia) and industrial weight gain of approximately 50 pounds (pre injury weight 160 pounds, post injury weight 210 pounds). Currently under review is the request for a right transforaminal epidural steroid injection at L5, follow up visit with psychiatrist, Cymbalta, topical analgesics, Prilosec and Norco.

## IMR ISSUES, DECISIONS AND RATIONALES

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

### **Right transforaminal epidural steroid injection at L5:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Epidural steroid injections (ESIs) Page(s): 46.

**Decision rationale:** According to the California MTUS Guidelines, repeat epidural injections may be recommended and should be based on objective documented pain relief (at least 50% pain relief) for 6 to 8 week associated with a reduction in medication use and functional improvement. It was noted in the documentation provided that the injured worker had undergone epidural steroid injections in the past. However, there is no documentation regarding the injured worker's therapeutic response to this injection to include objective measurable pain relief, measurable functional improvement, and/or reduction of medication use. Therefore, the request for right transforaminal epidural steroid injection at L5 is not medically necessary.

### **Follow up visit with psychiatrist:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Psychological treatment Page(s): 101.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Psychological evaluations Page(s): 100-101.

**Decision rationale:** The California MTUS Guidelines state that psychological evaluations are currently recommended, and are generally accepted, well established diagnostic procedures not only with selected use in pain problems, but also with more widespread use in chronic pain populations. The guidelines continue to state diagnostic evaluations should be used to distinguish between conditions that are pre-existing, aggravated by current condition, or work related injury, and should determine if further psychological interventions are indicated. It was noted within the documentation that the injured worker has been diagnosed with stress syndrome and has a history of psychological treatments. Therefore, the request for a follow-up visit with a psychiatrist is considered medically necessary.

### **Cymbalta 30mg OD #30:** 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 Duloxetine (Cymbalta) Page(s): 43.

**Decision rationale:** The California MTUS Guidelines state that Cymbalta may be recommended as a first line treatment option for neuropathic pain. Although the documentation indicates that the injured worker has symptomatology and objective exam findings that would support the use of this medication, there is no documentation provided demonstrating the injured worker's objective measurable therapeutic benefit from this medication to support a continued use. Therefore, the request for Cymbalta 30 mg OD #30 is not medically necessary.

**Flurlido A (Flurbiprofen 20%/Lidocaine 5%/Amitriptyline 5%) 120gm #1:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-112.

**Decision rationale:** According to the California MTUS Guidelines, topical analgesics are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed, and when any compounded product that contains at least 1 drug (or drug class) that is not recommended, then the entire product is not recommended. The guidelines continue by stating that topical nonsteroidal anti-inflammatory agents may be recommended for short term use for treatment of osteoarthritis or tendinitis, in particular, that of the knee, elbow, or other joints that are amenable to topical treatment. The guidelines continue by stating that topical nonsteroidal anti-inflammatory drugs are not currently recommended for use in the treatment of osteoarthritis of the spine, hip, or shoulder, and are not recommended for neuropathic pain. Furthermore, the only nonsteroidal anti-inflammatory drug in topical formulation that is currently FDA approved is Voltaren gel. Moreover, the California MTUS Guidelines state that lidocaine may be recommended for treatment of neuropathic pain in the form of Demerol patch (Lidoderm) as there are no other commercially approved topical formulations of lidocaine indicated for neuropathic pain. There was a lack of evidence within the documentation that the injured worker has tried and failed first line therapy with antidepressants or anticonvulsants prior to the consideration of topical analgesics. Additionally, this topical medication includes a nonsteroidal anti-inflammatory drug which is not currently recommended for treatment of low back conditions and/or neuropathic pain. Furthermore, this topical medication also contains non FDA approved topical formulations of medications. Therefore, the request for Flurlido A (flurbiprofen 20%/lidocaine 5%/amitriptyline 5%) 120 gm, #1, is not medically necessary.

**Ultraflex G (Gabapentin 10%/Cyclobenzaprine 6%/Tramadol 10%) 120gm #1:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-112.

**Decision rationale:** The California MTUS Guidelines state that topical analgesics are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have

failed, and when a compounded product contains at least 1 drug (or drug class) that is not recommended, the entire product is not recommended. The guidelines continue by stating that topical gabapentin not currently recommended, as there is no peer reviewed literature to support its use, and there is no evidence for use of any muscle relaxants as a topical product. There was a lack of evidence within the documentation provided that the injured worker has tried and failed treatment with antidepressants or anticonvulsants prior to consideration of topical analgesics. Additionally, this requested compounded medication contains non recommended topical formulations. Therefore, the request for Ultraflex G (gabapentin 10%/cyclobenzaprine 6%/tramadol 10%) 120 gm, #1, is not medically necessary.

**Prilosec 20mg OD #30:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI Symptoms and Cardiovascular Risk.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk Page(s): 68.

**Decision rationale:** The California MTUS Guidelines state that proton pump inhibitors may be recommended for patients at intermittent or high risk for gastrointestinal events such as patients over the age of 65 years, patients with a history of peptic ulcer, GI bleed or perforation, patients taking ASA, corticosteroids, and/or an anticoagulant, or patients taking high dose/multiple NSAIDs. There is a lack of evidence within the documentation that the injured worker is at increased risk for gastrointestinal events. Additionally, there was no symptomatology noted within the documentation that the injured worker has complaints that would benefit from the use of this medication. Furthermore, there was no evidence in the documentation provided that this medication provided the injured worker a therapeutic benefit. Therefore, the request for Prilosec 20 mg OD #30 is not medically necessary.

**Norco 10/325mg #90:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, specific drug list, Opioids, criteria for use Page(s): 91, 78.

**Decision rationale:** According to the California MTUS Guidelines, Norco may be recommended for patients with moderate to moderately severe pain. The guidelines continue to state that patients taking opioid medications should have ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. There is a lack of evidence within the documentation provided that the injured worker has moderate to severe pain that would benefit from the use of medication, and there is no documentation regarding the injured worker's therapeutic benefit with the use of medications, such as decreased measurable pain score and increased level of function. Additionally, there is no documentation in regard to

screening for appropriate medication use and side effects. Therefore, the request for Norco 10/325 mg, #90, is not medically necessary.