

<b>Case Number:</b>	CM15-0068924		
<b>Date Assigned:</b>	04/16/2015	<b>Date of Injury:</b>	04/28/2011
<b>Decision Date:</b>	05/21/2015	<b>UR Denial Date:</b>	04/03/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/10/2015

### 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 55 year old male who sustained an industrial injury on 4/28/2011. The current diagnoses are status post left total knee replacement (August 2014), osteoarthritis lower leg, lumbosacral spondylosis without myelopathy, osteoarthritis shoulder region, carpal tunnel syndrome, and myalgia and myositis. Treatment has included medication, acupuncture, chiropractic treatment, injections, braces, transcutaneous electrical nerve stimulation (TENS), physical therapy, home exercise program, and surgery. An Agreed Medical Evaluation (AME) from April 2013 notes use of norco and naproxen. An AME from December 2013 notes use of norco, morphine, fioricet, and klonopin. Flector patch, Lidoderm patch, fioricet, clonazepam, MS contin, and norco were listed as prescribed medications in September 2014. Progress notes in late 2014 and 2015 show ongoing pain and tenderness of the left knee, lumbar spine, left elbow, and left shoulder. According to the progress report dated 2/25/2015, the injured worker complains of left knee, shoulder, and lower back pain. The pain is rated 9/10 on the pain scale. The current medications are MS Contin, Norco, Clonazepam, Naproxen, Lidoderm patch, Fioricet, Pantoprazole, Flector patch, and Topamax. Treatment to date has included medications, brace, physical therapy, and surgical intervention. The plan of care includes prescription refills. Progress note of 3/23/15 notes a work status of unable to return to work, permanent and stationary. Pain was reported to be improved with medications. Last urine test was noted to be appropriate. It was noted that the injured worker has a signed pain agreement. Current medications included fioricet, pantoprazole, flector patch, MS contin, norco, clonazepam,

naproxen, and Topamax. On 4/3/15, Utilization Review (UR) non-certified or modified the requests for the medications currently under Independent Medical Review, citing the MTUS.

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

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

**Norco 10/325mg #75:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Weaning of Medications.

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

**Decision rationale:** This injured worker has chronic pain in multiple body parts. Norco has been prescribed for at least 6 months and possibly for more than one year. There is insufficient 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. There was no discussion of prior failure of non-opioid therapy. No functional goals were discussed. An opioid contract was noted and there was mention that the last urine drug test was appropriate, but dates and results of urine drug testing were not provided. 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. Work status was noted as unable to work, permanent and stationary. 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. 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.

**MS Contin 15mg #60:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Weaning of Medications.

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

**Decision rationale:** This injured worker has chronic pain in multiple body parts. MS contin has been prescribed for at least 6 months and possibly for more than one year. There is insufficient 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. There was no discussion of prior failure of non-opioid therapy. No functional goals were discussed. An opioid contract was noted and there was mention that the last urine drug test was appropriate, but dates and results of urine drug testing were not provided. 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. Work status was noted as unable to work, permanent and stationary. 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. 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, MS contin does not meet the criteria for long term opioids as elaborated in the MTUS and is therefore not medically necessary.

**Clonazepam 1mg #60:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines benzodiazepines p. 24, muscle relaxants p. 66 Page(s): 24, 66. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) pain chapter: benzodiazepines.

**Decision rationale:** Per the MTUS, benzodiazepines are not recommended for long-term use because long-term efficacy is unproven and there is a risk of dependence. Most guidelines limit use to 4 weeks. Tolerance to hypnotic effects develops rapidly. Tolerance to anxiolytic effects occurs within months and long term use may actually increase anxiety. The MTUS states that a more appropriate treatment for anxiety disorder is an antidepressant. The MTUS does not recommend benzodiazepines for long term use for any condition. The MTUS does not recommend benzodiazepines as muscle relaxants. The Official Disability Guidelines recommend against prescribing benzodiazepines with opioids and other sedatives. This injured worker has been prescribed clonazepam for at least 6 months, along with norco and MS Contin. There was no documentation of functional improvement as a result of use of clonazepam. Due to lack of functional improvement, length of use not in accordance with the guidelines and prescribing of a benzodiazepine plus opioids which is not in accordance with the guidelines, the request for clonazepam is not medically necessary.

**Fioricet 50/300mg #90:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Fioricet, Barbiturate-containing analgesic agents.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) chronic pain: fioricet, barbiturate-containing analgesic agents.

**Decision rationale:** Per the ODG, Fioricet is not recommended. Barbiturate-containing analgesics have a high potential for drug dependence and no evidence exists to show a clinically important enhancement of analgesic efficacy of barbiturate containing analgesics due to the barbiturate constituents. Fioricet is commonly used for acute headache, with some data to support it, but there is a risk of medication overuse as well as rebound headache. There was no recent discussion of headache diagnosis or treatment. Fioricet has been prescribed for at least 6 months and possibly for more than one year, without documentation of functional improvement. Work status was noted as unable to work, permanent and stationary. Office visits have continued at the same frequency, and there was no documentation of decrease in medication use or improvement in activities of daily living. Due to lack of functional improvement and lack of recommendation by the guidelines, the request for fioricet is not medically necessary.

**Flector patches 1.3% #60:** 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): 111-113. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) pain chapter: Flector patch.

**Decision rationale:** Topical non-steroidal anti-inflammatory drugs (NSAIDs) are indicated for osteoarthritis and tendinitis, in particular that of the knee and elbow or other joints that are amenable to topical treatment. There is little evidence to utilize topical NSAIDs for treatment of osteoarthritis of the spine, hip, or shoulder. The site of application and directions for use were not specified. The physician has also prescribed naproxen, an oral NSAID, which is duplicative and potentially toxic. Flector (diclofenac) patch has been prescribed for at least 6 months, without documentation of functional improvement. The ODG states that flector patch is not recommended as a first line treatment. Topical diclofenac is recommended for osteoarthritis after failure of an oral NSAID or contraindications to oral NSAIDs, after considering the increased risk profile of diclofenac. The FDA has issued warnings about the potential for elevation in liver function tests during treatment with all products containing diclofenac, with cases of severe hepatic reactions reported in postmarketing surveillance. Transaminases should be measured periodically in all patients receiving long-term therapy with diclofenac. There was no documentation of failure of, or contraindication to oral NSAIDs. There was no documentation of monitoring of liver enzymes in spite of long-term use of diclofenac. Due to insufficiently specific prescription, lack of documentation of failure or contraindication of oral NSAIDs, and potential for toxicity, the request for flector patch is not medically necessary.

**Lidoderm 5% #60:** 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): 111-113.

**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 antidepressants 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. In this case, there was no documentation of post-herpetic neuralgia, neuropathic pain, or of trial and failure of a first line agent. Due to lack of indication, the request for lidoderm is not medically necessary.