

<b>Case Number:</b>	CM15-0075988		
<b>Date Assigned:</b>	04/27/2015	<b>Date of Injury:</b>	09/28/2005
<b>Decision Date:</b>	06/29/2015	<b>UR Denial Date:</b>	03/19/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/21/2015

### 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: New York

Certification(s)/Specialty: Anesthesiology

### 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 female who sustained an industrial injury on 9/28/2005. Her diagnoses, and/or impressions, are noted to include: "FBSS" lumbar degenerative disc disease, status-post "ROH"; post lumbar laminectomy syndrome; cervical radiculopathy; cervical degenerative disc disease with history of cervical fusion; rotator cuff syndrome; and thoracolumbar disc displacement. Her treatments have included lumbar fusion (2013); cervical fusion (2014); hair toxicology screening; activity modifications; and medication management. The progress notes of 3/10/2015 note complaints that included progressively worsening, constant, severe and radiating low back pain, into the right leg, x 9 years; and constant, severe and radiating neck pain into the left arm and hand, x 7 years, stated to be made better with rest, Oxycontin, Neurontin and Norco. Objective findings were noted to be remarkable, and with the physician stating that her pain is likely mechanical, neuropathic and inflammatory in nature; as well as that her pain is sub-optimal on her current medical regimen. The physician's requests for treatments were noted to include Neurontin, Omeprazole, Norco, and a Lidocaine compound cream for pain management, along with urine toxicology screenings; initiated this visit.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Neurontin 300mg quantity 90: Overturned**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Anti Epilepsy Drugs.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Gabapentin Page(s): 17-19, 49. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Gabapentin (Neurontin).

**Decision rationale:** Neurontin (Gabapentin) is an anti-epilepsy drug which has been shown to be effective for the treatment of painful diabetic neuropathy and post-herpetic neuralgia, and has been considered as a first-line treatment for neuropathic pain. It is also FDA approved as a second-line option for restless leg syndrome, however, there is no documentation of this for this patient. Neurontin is considered a first-line treatment for neuropathic pain in this patient with physician documented neuropathic pain. Medical necessity for this requested medication has been established. The requested medication is medically necessary.

**Omeprazole 20mg quantity 30:** 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 Chapter, Proton Pump Inhibitors.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines PPIs Page(s): 68. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) PPIs.

**Decision rationale:** According to CA MTUS (2009), proton pump inhibitors, such as Omeprazole (Prilosec), are recommended for patients taking NSAIDs with documented GI distress symptoms or specific GI risk factors. Risk factors include, age >65, history of peptic ulcer disease, GI bleeding, concurrent use of aspirin, corticosteroids, and/or anticoagulants or high-dose/multiple NSAIDs. There is no documentation indicating the patient has any GI symptoms or GI risk factors. This patient is not currently taking an oral NSAID and the topical analgesic containing Flurbiprofen was not found to be medically necessary. Based on the available information provided for review, the medical necessity for Omeprazole has not been established. The requested medication is not medically necessary.

**Norco 10/325mg quantity 120:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 91-97. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Opioids.

**Decision rationale:** According to the CA MTUS and ODG, Norco 10/325mg (Hydrocodone/Acetaminophen) is a short-acting opioid analgesic indicated for moderate to

moderately severe pain, and is used to manage both acute and chronic pain. The treatment of chronic pain with any opioid analgesic requires review and documentation of pain relief, functional status, appropriate medication use, and side effects. A pain assessment should include current pain, intensity of pain after taking the opiate, and the duration of pain relief. In this case, there is no documentation of the medication's functional benefit. Medical necessity of the requested item has not been established. Of note, discontinuation of an opioid analgesic should include a taper, to avoid withdrawal symptoms. The requested medication is not medically necessary.

**Urine Drug Screen, 11 units: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Criteria for the use of Urine Drug Testing.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Drug Testing Page(s): 43. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Urine drug testing.

**Decision rationale:** According to CA MTUS (2009), a urine drug screen is recommended as an option to assess for the use or the presence of illegal drugs. According to ODG, urine drug testing (UDT) is a recommended tool to monitor compliance with prescribed substances, identify use of undisclosed substances, and uncover diversion of prescribed substances. In this case, Norco was not found to be medically necessary. Therefore, the requested urine drug screenings are not medically necessary.

**Compound Cream: Flurbiprofen 15%, Cyclobenzaprine 2%, Baclofen 2% and Lidocaine 5% quantity 240gm: 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:** According to the California MTUS Guidelines (2009), topical analgesics are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. These agents are applied topically to painful areas with advantages that include lack of systemic side effects, absence of drug interactions, and no need to titrate. Many agents are compounded as monotherapy or in combination for pain control including, for example, NSAIDs, opioids, capsaicin, muscle relaxants, local anesthetics or antidepressants. Guidelines indicate that any compounded product that contains at least 1 non-recommended drug (or drug class) is not recommended for use. In this case, the requested compounded topical agent contains: Flurbiprofen 15%, Cyclobenzaprine 2%, Baclofen 2% and Lidocaine 5%. There are no clinical studies to support the safety or effectiveness of Flurbiprofen in a topical delivery system (excluding ophthalmic). Cyclobenzaprine is not FDA approved for use as a topical application. There is no evidence for the use of any muscle relaxant as a topical agent. In addition, there is no documentation of intolerance to other previous oral medications. The medical necessity of the requested compounded medication has not been established. The requested topical analgesic compound is not medically necessary.