

<b>Case Number:</b>	CM15-0077006		
<b>Date Assigned:</b>	04/28/2015	<b>Date of Injury:</b>	08/03/2004
<b>Decision Date:</b>	06/09/2015	<b>UR Denial Date:</b>	04/14/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/22/2015

### 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: Iowa

Certification(s)/Specialty: Preventive Medicine, Occupational 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 66 year old male, who sustained an industrial injury on August 3, 2004. The injured worker was diagnosed as having lumbar spondylosis without myelopathy, chronic right S1 radiculopathy, axial low back pain, myofascial pain syndrome, lumbar facet pain, and chronic pain syndrome. Treatment to date has included injection therapy, acupuncture, a functional restoration program, and medication. Currently, the injured worker complains of neck, shoulder, and bilateral lower limb pain, with cramping sensation in the right lower limb particularly. The Treating Physician's report dated March 18, 2015, noted the injured worker reported his pain at an 8-9/10. The injured worker's current medications were listed as Norco, Nortriptyline, Venlafaxine, Lidoderm patches, Senna Plus, Omeprazole, Simvastatin, Lisinopril, Atenolol, Aspirin, and Vitamin D. Physical examination was noted to show the injured worker with a mildly antalgic gait with a forward-lean posture and hyperlordosis, with lumbar facet loading maneuver positive on the right side in standing and prone positions. Decreased sensation to light touch in the right posterior calf and thigh to cold and pin prick was noted, with positive testing and referred pain to the right calf on the right side. The treatment plan was noted to include requests for authorization for Norco, Omeprazole, and Lidoderm patches.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Norco 10/325 Mg #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, Hydrocodone Page(s): 74-96, 51. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Opioids.

**Decision rationale:** Norco is an opioid class pain medication containing hydrocodone and acetaminophen. According to MTUS guidelines, opioids are indicated mainly for osteoarthritis only after first-line conservative options have failed, and should include clear improvement in pain and functional status for continued use. There is limited evidence to support long-term use for back or other musculoskeletal pain. MTUS also states that ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects should occur and an improved response to treatment should be observed. MTUS recommends discontinuing therapy if there is no improvement in pain or function. ODG does not recommend the use of opioids for musculoskeletal pain except for short use for severe cases, not to exceed two weeks. The medical documentation indicates the patient has been on this medication for an extended period of time, exceeding the two-week recommendation for treatment length. There is no evidence of failure of first-line therapy or an indicated diagnosis. The treating physician has stated that the medication reduces his pain to 4/10 from 8-9/10 and increases his activity tolerance (standing and walking) by 50%. However, the documentation also indicates that the patient continues to have severe pain and decreased functional status in the subjective portion of the notes, stating the patient experiences 8-9/10 with no change in physical findings, even in a timeframe when the patient was on the medication. Therefore, the request for Norco 10/325 #90, is not medically necessary at this time.

**Omeprazole 20 Mg #30 With Four (4) Refills:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms and cardiovascular risk Page(s): 68-69. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (Chronic), NSAIDs, GI symptoms & cardiovascular risk.

**Decision rationale:** Omeprazole is classified as a proton pump inhibitor (PPI). According to MTUS guidelines, this type of medication is recommended in patients at intermediate or high risk for gastrointestinal (GI) events and who have no cardiovascular disease. The guidelines provide criteria for risk stratification for gastrointestinal events. Risk factors include (1) age >65 years; (2) history of peptic ulcer, GI bleeding or perforation; (3) concurrent use of ASA, corticosteroids, and/or an anticoagulant; or (4) high dose/multiple NSAID. Use of the medication is meant to serve as protection from GI issues. Other indications for use of this medication would be for primary GI disorders such as reflux disease. Long-term PPI use has significant side effects

including increased risk of hip fracture. The medical documentation does not provide evidence of a primary GI disorder, bleeding, perforation, peptic ulcer, high dose NSAID, ASA use, or other GI risk factors. The treating physician does not provide any additional justification or indication for use of the medication. Therefore, the request for Omeprazole 20 mg #30 with 4 refills, is not medically necessary.

**Lidoderm 5% Patch #60:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics, Lidoderm patches Page(s): 111-113, 56-57. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Topical analgesics.

**Decision rationale:** Lidoderm patches are a form of topical analgesic. Topical analgesics are primarily recommended for chronic pain in specific circumstances, such as neuropathic pain, when trials of antidepressants and anticonvulsants have failed. MTUS states there is little to no research to support the use of most topical analgesics, and there is little evidence to utilize these medications for musculoskeletal pain. ODG guidelines also recommend similar criteria, including identifying a clear indication with a neuropathic etiology and failure of first-line therapy for neuropathy. Both guidelines state therapy should be utilized on a trial basis at first and continued only if significant improvement is noted. Topical lidocaine may be recommended for localized neuropathic pain after there has been evidence of a trial of first-line therapy. This medication is not a first-line treatment for chronic pain and is only FDA approved for post-herpetic neuralgia. ODG states that evidence of localized pain should be consistent with a neuropathic etiology and evidence of a trial of first-line neuropathy medications (anti-depressants or anti-epilepsy drug) should be included. The medical is not recommended for treatment of osteoarthritis or myofascial pain/trigger points, an area for treatment should be designated as well, and outcomes should be reported. Medical documentation is limited in describing the need and rationale for the topical medication versus other pain medications the patient is on. There is no evidence of neuropathic or osteoarthritic pain. The treating physician states that the patches improve pain and increase lumbar range of motion, but there is no objective criteria to assess this. The documentation also indicates that the patient continues to have severe pain and decreased functional status in the subjective portion of the notes, stating the patient experiences 8-9/10 with no change in physical findings, even in a timeframe when the patient was on the medication. Therefore, the request for Lidoderm 5% Patch #60 is not medically necessary.