

<b>Case Number:</b>	CM15-0094110		
<b>Date Assigned:</b>	05/20/2015	<b>Date of Injury:</b>	06/12/2002
<b>Decision Date:</b>	07/03/2015	<b>UR Denial Date:</b>	04/17/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/15/2015

### 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: Florida  
 Certification(s)/Specialty: Family Practice

### 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 (IW) is a 56-year-old male who sustained an industrial injury on 06/12/2002. He was struck on the left side of the neck and back by equipment and thrown several feet. He then experienced neck and back pain. The injured worker was diagnosed as having multilevel disk disease with neuroforaminal stenosis. Treatment to date has included multiple cervical and lumbar epidural steroid injections with MRI of the lumbar spine. Currently, the injured worker complains of constant sharp, sometimes burning sensation that radiates to bilateral shoulders and upper extremities with associated numbness and tingling left more than right. He also has headaches described as a pounding sharp sensation over the temporal region, left more than right, and he describes a sharp-constant pain over his low back that radiates to buttocks as well as both legs with associated numbness and tingling. The back pain interferes with sleep. He also has some periods of anxiety for which he sees a psychiatrist. On examination of the cervical and lumbar spine, there was paravertebral muscle and face tenderness on the cervical and lumbar spine with radicular symptoms. Straight leg raise was negative. Cervical multilevel disk disease was noted on MRI with neural foraminal stenosis. The treatment plan was for anti-inflammatory medications, encouragement of home exercise program and focus on improving core status and range of motion. Requests for authorization were made for: Lidopro cream 121g #1, Lunesta 1mg #30, Omeprazole 20mg #60, Diclofenac Sodium ER 100mg #60, Sumatriptan Succinate 100mg #9, Gabapentin 100mg #60.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**LidoPro cream 121g #1:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Medications, Capsaicin, topical, Lidocaine, topical.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Lidoderm Page(s): 56-57.

**Decision rationale:** In accordance with California Chronic Pain MTUS guidelines, LidoPro (topical Lidocaine) may be recommended for localized peripheral pain after there has been a trial of a first-line treatment. The MTUS guideline specifies "tri-cyclic or SNRI anti-depressants or an AED such as gabapentin or Lyrica" as first line treatments. The provided documentation does not show that this patient was tried and failed on any of these recommended first line treatments. Topical Lidocaine is not considered a first line treatment and is currently only FDA approved for the treatment of post-herpetic neuralgia. Likewise, for the aforementioned reasons, the requested LidoPro cream is not medically necessary.

**Lunesta 1mg #30:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Food and Drug Administration (FDA).

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG Online 2015-Sedative Hypnotics-Lunesta.

**Decision rationale:** The California MTUS guidelines are silent regarding the issue of sleep aids. Therefore, the ODG was referenced. The ODG specifically states regarding Lunesta that this medication is not recommended for long-term use. This patient has been on this medication for longer than 6 months, and likewise, weaning has now been appropriately recommended. Therefore, this request for Lunesta is not medically necessary.

**Omeprazole 20mg #60:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk Page(s): 68-69 of 127.

**Decision rationale:** In accordance with California MTUS guidelines, PPIs (Proton Pump Inhibitors) can be utilized if the patient is concomitantly on NSAIDs and if the patient has gastrointestinal risk factors. Whether the patient has cardiovascular risk factors that would contraindicate certain NSAID use should also be considered. The guidelines state, "Recommend with precautions as indicated. Clinicians should weight the indications for NSAIDs against both

GI and cardiovascular risk factors. Determine if the patient is at risk for gastrointestinal events: (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 (e.g., NSAID + low-dose ASA)." This patient does not have any of these gastrointestinal or cardiovascular risk factors. Likewise, this request for Omeprazole is not medically necessary.

**Diclofenac Sodium ER 100mg #60:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk, Diclofenac.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS Page(s): 64, 102-105, 66.

**Decision rationale:** In accordance with California MTUS guidelines, NSAIDS are recommended as an option for short-term symptomatic relief. These guidelines state, "A Cochrane review of the literature on drug relief for low back pain (LBP) suggested that NSAIDs were no more effective than other drugs such as acetaminophen, narcotic analgesics, and muscle relaxants. The review also found that NSAIDs had more adverse effects than placebo and acetaminophen but fewer effects than muscle relaxants and narcotic analgesics." The MTUS guidelines do not recommend chronic use of NSAIDS due to the potential for adverse side effects. Likewise, this request for Diclofenac is not medically necessary.

**Sumatriptan Succinate 100mg #9:** Upheld

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

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Treatment of Acute Migraine Headache. BENJAMIN GILMORE, MD, David Geffen School of Medicine, University of California, Los Angeles, California MAGDALENA MICHAEL, MD, Mountain Area Health Education Center, Hendersonville, North Carolina Am Fam Physician. 2011 Feb 1; 83(3): 271-280.

**Decision rationale:** Triptan medications (such as Sumatriptan Succinate) are recommended in the treatment of acute Migraine headaches. Unfortunately, the documentation does not discuss how frequently this patient is having Migraine headaches. He is noted on an 8/2014 progress note to have resolution of his headaches with cervical injections. There is no recent documentation addressing how frequently he has been having headaches, and if this medication is helping to control his symptoms when he does have headaches. Likewise, this medication is not medically necessary at this time without further documentation.