

<b>Case Number:</b>	CM15-0095907		
<b>Date Assigned:</b>	05/22/2015	<b>Date of Injury:</b>	03/23/2010
<b>Decision Date:</b>	06/30/2015	<b>UR Denial Date:</b>	05/12/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/18/2015

### 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 45-year-old female who sustained an industrial injury on 3/23/10. The injured worker was diagnosed as having thoracic degenerative disc disease and myofascial pain. At a visit on 4/29/15, the injured worker reported complaint of chronic mid back pain below the shoulder blades. Previous treatments included acupuncture treatment, medications, home exercise program and transcutaneous electrical nerve stimulation unit. Acupuncture was noted to greatly decrease pain and help the injured worker to reduce the need for oral medication. Medications included naproxen and aspirin 325 mg as needed, without combining the medications. Medications were noted to help with pain about 30-40%, without side effects. Lidopro ointment was noted to be helpful in managing pain. It was noted that the injured worker was performing a home exercise program daily and that she has been using transcutaneous electrical nerve stimulation (TENS) regularly with mild pain relief. Physical examination was notable for mid thoracic tenderness to palpation and parascapular hypertonicity. The plan of care was for medication prescriptions, acupuncture treatment and transcutaneous electrical nerve stimulation patch. Two acupuncture treatment notes from May 2015 were submitted. On 5/12/15, Utilization Review (UR) non-certified requests for the items 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:

**Naproxen 550mg, #60: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS  
Page(s): 67-73.

**Decision rationale:** Per the MTUS, non-steroidal anti-inflammatory drugs (NSAIDs) are recommended as a second line treatment after acetaminophen for treatment of acute exacerbations of chronic back pain. The MTUS does not specifically reference the use of NSAIDs for long-term treatment of chronic pain in other specific body parts. NSAIDs are noted to have adverse effects including gastrointestinal side effects and increased cardiovascular risk; besides these well-documented side effects of NSAIDs, NSAIDs have been shown to possibly delay and hamper healing in all the soft tissues including muscles, ligaments, tendons, and cartilage. NSAIDs can increase blood pressure and may cause fluid retention, edema, and congestive heart failure; all NSAIDS are relatively contraindicated in patients with renal insufficiency, congestive heart failure, or volume excess. They are recommended at the lowest dose for the shortest possible period in patients with moderate to severe pain. NSAIDs should be used for the short term only. This injured worker has chronic low back pain without documentation of acute exacerbation. There was no discussion of prior trial of acetaminophen as recommended by the guidelines. Specific length of prior use was not documented, but the number prescribed is consistent with chronic use, not a brief course of treatment for acute exacerbation. Due to lack of documentation of acute exacerbation of chronic pain, lack of documentation of trial of acetaminophen, and number requested consistent with length of use in excess of the guideline recommendation, the request for naproxen 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 and cardiovascular Page(s): 68-69.

**Decision rationale:** This injured worker has been prescribed naproxen, a non-steroidal anti-inflammatory medication (NSAID), and omeprazole, a proton pump inhibitor (PPI). Per the MTUS, co-therapy with a non-steroidal anti-inflammatory medication (NSAID) and a proton pump inhibitor (PPI) is not indicated in patients other than those at intermediate or high risk for gastrointestinal events (including age > 65 years, history of peptic ulcer, gastrointestinal (GI) bleeding or perforation, concurrent use of aspirin, corticosteroids and/or an anticoagulant, or high dose/multiple NSAIDS such as NSAID plus low dose aspirin). The only risk factor noted for this injured worker was the additional use of aspirin with the prescribed NSAID; however, the physician documented that these medications were not combined. The associated NSAID (naproxen) has been determined to be not medically necessary. There was no documentation of any GI signs or symptoms. Due to lack of specific indication, the request for omeprazole is not medically necessary.

**Lidopro Ointment: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Medications for chronic pain p. 60 salicylate topicals p. 104. Topical analgesics p. 111-113 Page(s): 60, 104, 111-113. Decision based on Non-MTUS Citation Uptodate: camphor and menthol: drug information. In UpToDate, edited by Ted. W. Post, published by UpToDate in Waltham, MA, 2015.

**Decision rationale:** LidoPro contains capsaicin, lidocaine, menthol, and methyl salicylate. Per the MTUS, topical analgesics are recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. If any compounded product contains at least one drug or drug class that is not recommended, the compounded product is not recommended. Per the MTUS page 60, medications are to be given individually, one at a time, with assessment of specific benefit for each medication. Provision of multiple medications simultaneously is not recommended. In addition to any other reason for lack of medical necessity for these topical agents, they are not medically necessary on this basis at minimum. Lidocaine is only FDA approved for treating post-herpetic neuralgia, and the dermal patch form (Lidoderm) is the only form indicated for neuropathic pain. No other commercially approved topical formulations of lidocaine (whether creams, lotions, or gels) are indicated for neuropathic pain. Topical salicylates are recommended for use for chronic pain and have been found to be significantly better than placebo in chronic pain. The MTUS and ODG are silent with regard to menthol. It may be used for relief of dry, itchy skin. This agent carries warnings that it may cause serious burns. Capsaicin has some indications, in the standard formulations readily available without custom compounding. The MTUS also states that capsaicin is only recommended when other treatments have failed. The treating physician did not discuss the failure of other, adequate trials of conventional treatments. It may be used for treatment of osteoarthritis, fibromyalgia, and chronic non-specific back pain, but it should be considered experimental in high doses. As multiple drugs in this compounded topical medication are not recommended, the compound is not recommended. There was also no documentation of neuropathic pain for this injured worker, or of trial and failure of anti-depressant or anti-convulsant medication. For these reasons, the request for lidopro is not medically necessary.

**TENS Patch:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Transcutaneous electrotherapy Page(s): 114-121.

**Decision rationale:** Electrotherapy represents the therapeutic use of electricity and is a modality that can be used in the treatment of chronic pain. Transcutaneous electrical nerve stimulation (TENS) devices are the most commonly used; other devices are distinguished from TENS based on their electrical specifications. The MTUS specifies that TENS is not recommended as a primary modality but a one-month home based TENS trial may be considered if used as an adjunct to a program of evidence based functional restoration for certain conditions, including neuropathic pain, complex regional pain syndrome, phantom limb pain, spasticity in spinal cord injury, multiple sclerosis, and acute post-operative pain. A treatment plan with the specific short and long-term goals of treatment with the TENS unit should be

submitted. A one-month trial period of the TENS unit should be documented (as an adjunct to ongoing treatment modalities within a functional restoration approach) with documentation of how often the unit was used, as well as outcomes in terms of pain relief and function. The physician reports do not address the specific medical necessity for a TENS unit. The MTUS for Chronic Pain lists the indications for TENS, which are primarily neuropathic pain, a condition not present in this patient. Other recommendations, including specific components of the treatment plan, are listed in the MTUS. The necessary kind of treatment plan is not present, including a focus on functional restoration with a specific trial of TENS. The documentation indicates that this injured worker has been using a TENS unit with some mild pain relief. Duration of use, outcome in terms of function, and frequency of use of the unit were not documented. Given the lack of clear indications for use of TENS in this injured worker, and the lack of any clinical trial or treatment plan per the MTUS, the request for TENS patch is not medically necessary.

**Additional Acupuncture for Back, quantity 6: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Acupuncture Treatment Guidelines.

**Decision rationale:** Per the MTUS, acupuncture is used as an option when pain medication is reduced or not tolerated; it may be used as an adjunct to physical rehabilitation and/or surgical intervention to hasten functional recovery. The MTUS recommends an initial trial of 3-6 visits of acupuncture. Frequency of treatment of 1-3 times per week with an optimum duration of 1-2 months is specified by the MTUS. Medical necessity for any further acupuncture is considered in light of functional improvement. Acupuncture treatments may be extended if functional improvement is documented. This injured worker has chronic mid back pain. Prior treatment has included acupuncture, with documentation that acupuncture greatly decreased pain and helped the injured worker to reduce the need for oral medication. Two acupuncture treatment notes were submitted. The total number of prior sessions of acupuncture was not documented. There was no documentation of functional improvement because of the prior acupuncture. Although decreased need for medication was noted, work status was not discussed and there was no documentation of improvement in activities of daily living. Due to lack of functional improvement, the request for additional Acupuncture for Back, quantity 6 is not medically necessary.