

<b>Case Number:</b>	CM13-0004052		
<b>Date Assigned:</b>	01/10/2014	<b>Date of Injury:</b>	09/14/2012
<b>Decision Date:</b>	04/09/2014	<b>UR Denial Date:</b>	07/18/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/29/2013

### 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. The expert reviewer is Board Certified in Occupational Medicine and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

According to the records made available for review, this is male with a 9/14/12 date of injury. At the time (7/18/13) of the Decision for Xanax XR 0.5 mg #60, Norco 10/325 mg #60, and flurbiprofen 25%-lidocaine 5% cream, there is documentation of subjective (severe pain and tightness in the lumbosacral spine, difficulty sleeping, and numbness and tingling in the left hip) and objective (tenderness to palpation and spasm in the paravertebral muscles bilaterally, limited flexion and extension, and decreased sensation in the left lateral thigh) findings, current diagnoses (herniated disc, lumbar spine), and treatment to date (medications and activity modification). Regarding Xanax XR 0.5 mg #60, there is no documentation of an intention to treat over a short course. Regarding Norco 10/325 mg #60, there is no documentation that the prescriptions are from a single practitioner and are taken as directed; that the lowest possible dose is being prescribed; and that there will be ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects, and an intention of short-term treatment with opioids.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**XANAX XR 0.5MG #60:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines Page(s): 24.

**Decision rationale:** MTUS Chronic Pain Medical Treatment Guidelines identifies that benzodiazepines are not recommended for long-term. Within the medical information available for review, there is documentation of herniated disc, lumbar spine. However, there is no documentation of an intention to treat over a short course. Therefore, based on guidelines and a review of the evidence, the request for Xanax XR 0.5 mg #60 is not medically necessary.

**NORCO 10/325MG #60:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 74-80.

**Decision rationale:** MTUS Chronic Pain Medical Treatment Guidelines necessitate documentation that the prescriptions are from a single practitioner and are taken as directed; the lowest possible dose is being prescribed; and there will be ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects, as criteria necessary to support the medical necessity of Norco. In addition, MTUS Chronic Pain Medical Treatment Guidelines identifies that opioids for chronic back pain appear to be efficacious but limited for short-term pain relief, and long-term efficacy is unclear (>16 weeks), but also appears limited, as criteria necessary to support the medical necessity of Norco. Within the medical information available for review, there is documentation of herniated disc, lumbar spine. However, there is no documentation that the prescriptions are from a single practitioner and are taken as directed; that the lowest possible dose is being prescribed; and that there will be ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. In addition, there is no documentation of an intention of short-term treatment with opioids. Therefore, based on guidelines and a review of the evidence, the request for Norco 10/325 mg #60 is not medically necessary.

**FLURBIPROFEN 25%-LIDOCAINE 5% CREAM:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 111-112.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113.

**Decision rationale:** MTUS Chronic Pain Medical Treatment Guidelines identifies that many agents are compounded as monotherapy or in combination for pain control; that ketoprofen, lidocaine (in creams, lotion or gels), capsaicin in a 0.0375% formulation, baclofen and other muscle relaxants, and gabapentin and other antiepilepsy drugs are not recommended for topical applications; and that any compounded product that contains at least one drug (or drug class) that

is not recommended, is not recommended. Therefore, based on guidelines and a review of the evidence, the request for flurbiprofen 25%-lidocaine 5% cream is not medically necessary.