

<b>Case Number:</b>	CM13-0024538		
<b>Date Assigned:</b>	01/03/2014	<b>Date of Injury:</b>	04/18/2005
<b>Decision Date:</b>	05/16/2014	<b>UR Denial Date:</b>	09/11/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/16/2013

### 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 Orthopedic Surgery, has a subspecialty in Spine Surgery, and is licensed to practice in California and Texas. 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:

The injured worker is a 49-year-old male who reported an injury on 04/18/2005. The mechanism of injury was not provided for review. The injured worker was evaluated on 11/12/2013. It was documented that the injured worker's medication schedule included Lyrica 200 mg, Wellbutrin 300 mg, Pennsaid, Maxzide, Butrans patch. That evaluation documented that the injured worker had 4/10 pain without significant side effects due to medications and increased activity. Physical findings included a positive straight leg raising test, decreased pinprick over the left lateral calf and knee consistent with peroneal neuropathy, tenderness to palpation over the left inferomedial left knee. The injured worker's diagnoses included left total knee replacement, opioid dependency, andropause secondary to chronic pain, adjustment disorder, labile hypertension and sexual dysfunction. The injured worker's treatment plan included continuation of medications to include Testred and an Internal Medicine Consultation.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**PRESCRIPTION OF PENSAID QID:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory drugs)..

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

**Decision rationale:** The requested prescription of Pennsaid 4 times a day is not medically necessary or appropriate. The clinical documentation submitted for review does indicate that the injured worker has been on this medication since at least September, 2012. California Medical Treatment Utilization Schedule does not recommend the long term use of topical nonsteroidal anti-inflammatory drugs. As the injured worker has been on this medication for a period of time to exceed guideline recommendations, continued use would not be supported. As such, the requested prescription of Pennsaid 4 times a day is not medically necessary or appropriate.

**PRESCRIPTION OF MAXZIDE 37.5MG/25 BID:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES (ODG) DIABETES CHAPTER, HYPERTENSION TREATMENT

**Decision rationale:** The requested prescription of Maxzide 37.5 mg/25 twice a day is not medically necessary or appropriate. California Medical Treatment Utilization Schedule does not address the use of antihypertensives. Official Disability Guidelines do support the use of antihypertensives in the management of high blood pressure. However, the clinical documentation submitted for review does not provide any evidence of significantly controlled blood pressure related to the injured worker's medication usage. Therefore, continued use would not be supported. As such, the requested Maxzide 37.5 mg/25 twice a day is not medically necessary or appropriate.