

<b>Case Number:</b>	CM13-0033775		
<b>Date Assigned:</b>	03/19/2014	<b>Date of Injury:</b>	06/18/2004
<b>Decision Date:</b>	07/08/2014	<b>UR Denial Date:</b>	09/09/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/10/2013

### 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:

The applicant is a represented [REDACTED] employee who has filed a claim for chronic pain syndrome, chronic low back pain, and sacroiliac joint pain reportedly associated with an industrial injury of June 18, 2004. Thus far, the applicant has been treated with the following: Analgesic medications; attorney representation; transfer of care to and from various providers in various specialties; anxiolytic medications; earlier lumbar spine surgery; and sleep aids. In a Utilization Review Report dated September 9, 2013, the claims administrator denied a request for a TENS unit with replacement supplies and batteries, partially certified request for Xanax, seemingly for weaning purposes, denied a request for Ambien outright, denied a request for Fexmid outright, denied a request for Terocin lotion, partially certified Tramadol, again, seemingly for weaning purposes, denied Prilosec outright, conditionally denied Paxil, and conditionally denied a topical cream. It is incidentally noted that the claims administrator did cite misnumbered and mislabeled guidelines in some of its denials. The claims administrator cited MTUS Chronic Pain Medical Treatment Guidelines in its decision to deny Terocin but incorrectly referred to these guidelines as ACOEM Guidelines in its rationale. The claims administrator also cited non-ODG Guidelines in the decision to deny Flexeril, although the MTUS did address the topic. The applicant's attorney subsequently appealed. In a handwritten note dated February 14, 2014, difficult to follow, not entirely legible, the applicant reported persistent low back pain and paraspinal tenderness with a well-healed surgical incision line appreciated on exam. Tenderness was noted about the SI joint. The applicant was asked to continue a variety of medications and topical compounded creams while remaining off of work, on total temporary disability. Among the medications refilled included Naprosyn, Quazepam, Flexeril, Norco, Paxil, Prilosec, and extended release Tramadol. There was no discussion of medication efficacy in the sparse, trace, handwritten, and largely illegible note. On January 24,

2014, the applicant again presented with persistent low back pain, aggravated by ambulation and direct pressure. The note was again handwritten, difficult to follow, not entirely legible. The applicant was again asked to continue a variety of oral medications and topical compounded creams. A TENS unit with replacement batteries was sought. Among the medications refilled included a Flurbiprofen-containing cream, Tramadol, Prilosec, Paxil, Fexmid, Quazepam, and Naprosyn.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

#### **TENS UNIT WITH REPLACEMENT BATTERIES AND SUPPLIES.: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for the Use of TENS topic Page(s): 116.

**Decision rationale:** As noted on page 116 of the MTUS Chronic Pain Medical Treatment Guidelines, provision of a TENS unit on a purchase basis beyond an initial one-month trial should be predicated on evidence of favorable outcomes in terms of pain relief and function through an earlier one-month trial. In this case, however, the applicant has apparently used a TENS unit in the past and has failed to derive any evidence of improvements in pain or function through prior usage of the same. The applicant remains off of work. The applicant remains highly reliant and highly dependent on numerous analgesic, adjuvant, and topical compounded drugs. A TENS unit with replacement batteries is therefore not medically necessary.

#### **XANAX 1MG #60: Upheld**

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

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

**Decision rationale:** The attending provider appears to be employing Xanax, a benzodiazepine, as an antispasmodic. However, as noted on page 24 of the MTUS Chronic Pain Medical Treatment Guidelines, chronic benzodiazepine usage is a treatment of choice for very few conditions. Benzodiazepines such as Xanax are not endorsed for long-term use purposes, as sedatives, hypnotics, anxiolytics, anticonvulsants, or as muscle relaxants. In this case, the request for a 60-tablet supply of Xanax implies that the attending provider does, in fact, intend to employ Xanax for chronic, long-term, and/or scheduled use purposes as an antispasmodic. This is not indicated, per page 24 of the MTUS Chronic Pain Medical Treatment Guidelines. Therefore, the request is not medically necessary.

#### **AMBIEN 10MG #60.: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 7-8. Decision based on Non-MTUS Citation Food and Drug Administration (FDA), Ambien Label.

**Decision rationale:** While the MTUS does not specifically address the topic, pages 7 and 8 of the MTUS Chronic Pain Medical Treatment Guidelines state that it is incumbent upon the attending provider to furnish compelling evidence to support usage of drugs for non-FDA approved or non-FDA labeled purposes. In this case the Food and Drug Administration (FDA) notes that Ambien is indicated in the short-term treatment of insomnia, for up to 35 days. In this case, however, the attending provider is seemingly employing Ambien for chronic, long-term, scheduled, and/or sustained use purposes. This is not indicated, appropriate, or supported by the Food and Drug Administration. No compelling applicant-specific rationale or medical evidence has been attached so as to offset the unfavorable FDA recommendation. Therefore, the request is not medically necessary.

**FEXMID 7.5 MG #120.:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine topic Page(s): 41.

**Decision rationale:** As noted on page 41 of the MTUS Chronic Pain Medical Treatment Guidelines, addition of Cyclobenzaprine or Flexeril to other agents is not recommended. In this case, the applicant is in fact using a variety of other analgesic and adjuvant medications. Adding Cyclobenzaprine or Flexeril to the mix is not recommended. Therefore, the request is not medically necessary.

**TEROCIN LOTION 120ML:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment Page(s): 47, Chronic Pain Treatment Guidelines Topical Analgesics topic Page(s): 7; 111.

**Decision rationale:** As noted in the MTUS-adopted ACOEM Guidelines in Chapter 3, page 47, oral pharmaceuticals are a first-line palliative method. In this case, the applicant's ongoing usage of multiple classes of first-line oral pharmaceuticals effectively obviates the need for what page 111 of the MTUS Chronic Pain Medical Treatment Guidelines deems largely experimental

topical drugs such as Terocin. It is further noted that page 7 of the MTUS Chronic Pain Medical Treatment Guidelines suggests that an attending provider incorporate some discussion in medication efficacy into his choice of medication recommendations. In this case, however, there has been no discussion of medication efficacy raised vis-a-vis ongoing use of topical Terocin. The applicant remains off of work. The applicant remains highly reliant and highly dependent on numerous opioid and non-opioid analgesics, despite ongoing usage of Terocin. Therefore, the request for Terocin is not medically necessary, for all of the stated reasons.

**TRAMADOL 150MG #90:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines When to Continue Opioids topic Page(s): 80.

**Decision rationale:** As noted on page 80 of the MTUS Chronic Pain Medical Treatment Guidelines, the cardinal criteria for continuation of opioid therapy include evidence of successful return to work, improved functioning, and/or reduced pain achieved as a result of the same. In this case, however, the applicant is off of work. The applicant remains on total temporary disability, despite ongoing usage of Tramadol. There have been no clearly documented improvements in pain or function achieved through ongoing Tramadol usage. The documentation on file, as previously noted, is sparse, handwritten, difficult to follow, not entirely legible, and seemingly reports heightened complaints of pain as opposed to reduced complaints of pain despite ongoing Tramadol usage. Therefore, the request is not medically necessary.

**PRIOLSEC 20MG #20:** 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 topic Page(s): 69; 7.

**Decision rationale:** As noted on page 69 of the MTUS Chronic Pain Medical Treatment Guidelines, proton pump inhibitors such as Prilosec are indicated in the treatment of NSAID-induced dyspepsia. In this case, however, there is no mention of any ongoing issues with reflux, dyspepsia, and/or heartburn, either NSAID-induced or stand-alone, raised on any recent progress note. As with the other medications, the attending provider has not incorporated any discussion of medication efficacy into his decision to renew Prilosec, contrary to what was recommended on page 7 of the MTUS Chronic Pain Medical Treatment Guidelines. Therefore, the request for Prilosec is likewise not medically necessary.