

<b>Case Number:</b>	CM13-0041455		
<b>Date Assigned:</b>	12/20/2013	<b>Date of Injury:</b>	06/13/2007
<b>Decision Date:</b>	03/06/2014	<b>UR Denial Date:</b>	09/23/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/15/2013

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Anesthesiology and Pain Medicine, and is licensed to practice in Florida. 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 physician 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 patient is a 50-year-old female who reported an injury on 06/13/2007 due to a fall down a flight of stairs which ultimately resulted in fusion surgery from the L1 through the S1. The patient was managed postsurgically with aquatic therapy, physical therapy, and medications. The patient's medications included Gabapentin, OxyContin, Norco, Flexeril, lorazepam, Valium, Prilosec, ranitidine, tramadol, Soma, clonidine. The patient's most recent clinical examination revealed that the patient had 8/10 pain that was exacerbated with movement. The patient's physical exam findings revealed a negative straight leg raising test bilaterally with a normal gait and deep tendon reflexes rated at a 1/4 in the right lower extremity. The patient's diagnoses included chronic pain syndrome, failed back syndrome, adjacent segment syndrome, lumbar radiculopathy, spinal stenosis, facet arthropathy bilaterally from the T12 through the L1 and post traumatic stress disorder. The patient's treatment plan included continuation of aqua therapy, home health care and medications with consideration for a spinal cord stimulator trial.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Soma 350mg #90:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants Page(s): 16.

**Decision rationale:** The MTUS Chronic Pain Guidelines recommend the use of muscle relaxants be limited to short courses of treatment. It is recommended that treatment duration should not exceed 2 to 3 weeks. Clinical documentation submitted for review does not indicate that the patient has had an acute exacerbation of chronic pain that would support the need for this medication. Additionally, as it is documented that the patient has been on this medication for an extended period of time, continued use would not be indicated. As such, the requested Soma 350 mg #90 is not medically necessary and appropriate.

**Lorazepam 2mg #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:** The MTUS Chronic Pain Guidelines do not recommend the use of benzodiazepines for long term use. The clinical documentation submitted for review does indicate that the patient has been on this medication for an extended duration of time. Additionally, there is no documentation that the patient is receiving any functional benefit or symptom relief as a result of the extended use of this medication. Therefore, continued use would not be indicated. As such, the requested Lorazepam 2 mg #60 is not medically necessary or appropriate.

**Clonidine HCL 0.1mg #60:** 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, Diabetes chapter section on Hypertension treatment.

**Decision rationale:** The Official Disability Guidelines recommend this medication in the use of hypertensive treatment for patients who have failed to respond to initial hypertensive therapies. The clinical documentation submitted for review does not provide any evidence that the patient has not responded to initial courses of treatment for hypertension. Additionally, the most recent clinical documentation submitted for review does not provide an accurate assessment of the patient's cardiovascular system to support deficits that would require medication management. As such, the requested Clonidine Hydrochloride 0.1 mg #60 is not medically necessary and appropriate.

**Diazepam 5mg #90:** 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:** The MTUS Chronic Pain Guidelines do not recommend the use of benzodiazepines for long term use. The clinical documentation submitted for review does indicate that the patient has been on this medication for an extended duration of time. Additionally, there is no documentation that the patient is receiving any functional benefits or symptom relief as a result of the extended use of this medication. Therefore, continued use would not be indicated. As such, the requested Diazepam 5 mg #90 is not medically necessary and appropriate.

**Zofran ODT 8mg #30:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Editorial Board Palliative Care: Practice Guidelines. Nausea and vomiting. Utrecht, The Netherlands: Association of Comprehensive Cancer Centres (ACCC); 2006 Jan 12. 28 p.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain Chapter section on Anti-emetics.

**Decision rationale:** The clinical documentation submitted for review does indicate that the patient has been on this medication for an extended duration of time. Official Disability Guidelines recommend the use of this medication for the management of symptoms related to cancer treatment, postsurgical nausea and vomiting, and acute gastritis. The most recent clinical documentation submitted for review does not provide an adequate assessment of the patient's gastrointestinal system to support that the patient has an acute episode of gastritis, is being treated for cancer, or has had any recent surgical interventions to support the use of this medication. As such, the requested Zofran ODT 8 mg #30 is not medically necessary or appropriate.

**Nucynta ER 150mg #60:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids.

**Decision rationale:** The clinical documentation submitted for review does provide evidence that the patient has been on this medication for an extended period of time. The MTUS Chronic Pain Guidelines recommend the continued use of opioids be supported by a quantitative pain

assessment to support efficacy, documentation of functional benefit, managed side effects, and documentation that the patient is monitored for compliance to the prescribed medication schedule. The clinical documentation submitted for review does not provide any evidence of functional benefit, pain relief, or that the patient is monitored for at risk behaviors. Additionally, the documentation does indicate that the patient previously attempted to take this medication and could not tolerate it due to unmanageable side effects. Therefore, the use of this medication would not be indicated. As such, the requested Nucynta ER 150 mg #60 is not medically necessary or appropriate

**Zofran 8mg #30:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Editorial Board Palliative Care: Practice Guidelines. Nausea and vomiting. Utrecht, The Netherlands: Association of Comprehensive Cancer Centres (ACCC); 2006 Jan 12. 28

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines Pain Chapter, section on Anti-emetics.

**Decision rationale:** The requested Zofran 8 mg #30 is not medically necessary or appropriate. The clinical documentation submitted for review does indicate that the patient has been on this medication for an extended duration of time. Official Disability Guidelines recommend the use of this medication for the management of symptoms related to cancer treatment, postsurgical nausea and vomiting, and acute gastritis. The most recent clinical documentation submitted for review does not provide an adequate assessment of the patient's gastrointestinal system to support that the patient has an acute episode of gastritis, is being treated for cancer, or has had any recent surgical interventions to support the use of this medication. As such, the requested Zofran 8 mg #30 is not medically necessary or appropriate.

**Unknown prescription of musculoskeletal compounded cream**

**Gabapentin/Diclofenac/Cyclobenzaprine/Baclofen/Bupivacaine:** Upheld

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

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

**Decision rationale:** MTUS Chronic Pain Guidelines do not recommend the use of muscle relaxants such as Baclofen or Cyclobenzaprine as topical agents as there is a lack of scientific evidence to support the efficacy of this type of medication. Additionally, the MTUS Chronic Pain Guidelines do not recommend the use of Gabapentin as a topical analgesic as there is little scientific evidence to establish efficacy and safety of this type of medication. MTUS Chronic Pain Guidelines recommend the use of topical and nonsteroidal anti-inflammatory drugs when oral formulations of these medications are not tolerated or contraindicated for patients. The

clinical documentation submitted for review does not provide any evidence that the patient cannot tolerate oral formulations of nonsteroidal anti-inflammatory drugs or that they are contraindicated for this patient. There are no exceptional factors noted within the documentation to support extending treatment beyond guideline recommendations. As such, the requested compounded medication containing Gabapentin/ Diclofenac/ Cyclobenzaprine/ Baclofen/bupivacaine is not medically necessary and appropriate.