

<b>Case Number:</b>	CM13-0046232		
<b>Date Assigned:</b>	12/27/2013	<b>Date of Injury:</b>	07/06/2009
<b>Decision Date:</b>	02/28/2014	<b>UR Denial Date:</b>	11/04/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/12/2013

### 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, has a subspecialty in Pain Management 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 51-year-old female who reported an injury on 07/06/2009 that ultimately resulted in an ACL reconstruction in 07/2012. Post surgically, the patient developed chronic pain of the knee and cervical spine. The patient's pain was managed with steroid injections, trigger point injections, physical therapy, cognitive behavioral therapy, and medications. The patient was monitored for aberrant behavior with urine drug screens. The patient's medication schedule included Norco 10/325 mg, Anaprox 550 mg, Prilosec 20 mg, Topamax 50 mg, Wellbutrin 100 mg, and Xanax 2 mg. A physical examination revealed restricted knee range of motion secondary to pain, restricted range of motion of the cervical and lumbar spine secondary to pain. The patient's diagnoses included left knee degenerative joint disease with ACL repair, lumbar myoligamentous injury, cervical myoligamentous injury, and reactionary anxiety and depression. The patient's treatment plan was to continue medications, provide additional trigger point injections, and continue the patient's home exercise program.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**A retrospective request for UIttram ER 150mg (DOS: 10/9/13) QTY: 60.00: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 93-94,113.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, On-Going Management Page(s): 78.

**Decision rationale:** The requested Ultram ER 150 mg for DOS 10/09/2013 is not medically necessary or appropriate. California Medical Treatment Utilization Schedule recommends the continued use of opioids in the management of a patient's chronic pain be supported by a quantitative assessment of pain relief, documentation of functional benefit, managed side effects, and monitoring for compliance to a prescribed medication schedule. The clinical documentation submitted for review does provide evidence that the patient is monitored for aberrant behavior. However, there is no documentation of a quantitative pain assessment or documented functional benefit related to medication usage. Therefore, continued use of this medication would not be supported. As such, the retrospective request for Ultram ER 150 mg for DOS 10/09/2013 is not medically necessary or appropriate.

**Prilosec 20mg, twice a day as needed QTY: 60.00: 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 Risk Page(s): 68.

**Decision rationale:** The requested Prilosec 20 mg twice a day as needed #60 is not medically necessary or appropriate. California Medical Treatment Utilization Schedule does recommend the use of a gastrointestinal protectant when the patient is at risk for development of gastrointestinal events related to medication usage. The clinical documentation submitted for review does provide evidence that the patient has been on this medication for an extended duration of time and it has previously provided relief for gastrointestinal upset. However, the most recent clinical documentation does not provide a gastrointestinal assessment to support the continued efficacy of this medication and, therefore, continuation of use. As such, the requested Prilosec 20 mg twice a day as needed #60 is not medically necessary or appropriate.

**Xanax 2mg, twice a day QTY: 60.00: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines Page(s): 23.

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

**Decision rationale:** The requested Xanax 2 mg twice a day #60 is not medically necessary or appropriate. The clinical documentation submitted for review does provide evidence that the patient has been on this medication for an extended period of time. California Medical Treatment Utilization Schedule does not recommend the use of benzodiazepines for an extended duration of time. These medications are only recommended for short courses of treatment not to exceed 4 to 6 weeks due to the high potential for psychological and physiological addiction.

Additionally, there is no documentation to support the efficacy of this medication. As such, the requested Xanax 2 mg twice a day #60 is not medically necessary or appropriate.

**Fexmid 7.5mg, four times a day as needed:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain) Page(s): 64-66.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants Page(s): 63.

**Decision rationale:** The requested Fexmid 7.5 mg 4 times a day as needed for DOS 10/09/2013 is not medically necessary or appropriate. California Medical Treatment Utilization Schedule only recommends a short course of treatment of muscle relaxants which is not to exceed 2 to 3 weeks. The clinical documentation submitted for review does provide evidence that the patient has been on this medication for an extended duration of time. Additionally, there is no evaluation in the submitted examination dated 10/09/2013 of muscle spasming that would benefit from this medication. As such, the retrospective request for Fexmid 7.5 mg 4 times a day as needed for DOS 10/09/2013 is not medically necessary or appropriate.