

<b>Case Number:</b>	CM13-0047193		
<b>Date Assigned:</b>	12/27/2013	<b>Date of Injury:</b>	03/24/2011
<b>Decision Date:</b>	05/22/2014	<b>UR Denial Date:</b>	10/18/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/05/2013

### 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 and is licensed to practice in Pennsylvania. 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 claimant is a 66-year-old injured in a work-related accident on March 24, 2011. Clinical records available for review include an October 24, 2013, progress report documenting ongoing complaints of low back pain with bilateral lower extremity complaints, moderate in nature. Bilateral knee complaints were also noted; examination showed tenderness to the lumbar spinous process with paravertebral tenderness. Knee examination demonstrated tenderness to palpation bilaterally with positive McMurray's testing. The claimant was diagnosed with lumbar intervertebral disc disorder, muscle spasm and internal derangement of the knees. Based on continued complaints, medications were recommended in the form of Elavil, Xanax, Norco, Capsaicin and Flurbiprofen.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**ELAVIL 50MG #45:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 13.

**Decision rationale:** California MTUS guidelines would not support the continued use of Elavil. Elavil, a tricyclic anti-depressant, is indicated for first-line treatment for neuropathic pain associated with fibromyalgia. Records in this case indicate low back related complaints and bilateral knee pain, and give no indication of a neuropathic diagnosis. This treatment would not be medically necessary due to the lack of documented radicular finding or neuropathy.

**XANAX 1MG #30:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Criteria For Use Page(s): 76-80.

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

**Decision rationale:** The Expert Reviewer's decision rationale: According to California MTUS guidelines on chronic pain medical treatment, benzodiazepines are indicated for short-term use in selective individuals. There is no recommendation or continued need for the agent in the chronic setting. Given the claimant's time from injury, this request would not be supported. The request for Xanax 1 mg, #30 is not medically necessary.

**NORCO 10/325 MG #90:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Specific Drug List Page(s): 91-94.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 76-80.

**Decision rationale:** The Expert Reviewer's decision rationale: California MTUS guidelines would not support the use of Norco. The clinical records available for review do not demonstrate significant benefit from use of this short-acting narcotic analgesic at this stage of treatment. The chronic use of short-acting narcotic analgesics is only indicated if significant benefit is noted through improvement in physical condition and advancement of work-related status and function. The absence of such improvements would suggest that the continued use of this agent is not medically necessary.

**CAPSAICIN 240 GM:** Upheld

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

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

**Decision rationale:** The Expert Reviewer's decision rationale: California MTUS guidelines would not support the use of topical capsaicin. Capsaicin is only recommended as a second-line agent for neuropathic pain after first-line agents such as antidepressants like gabapentin and

Lyrica have failed. The available records do not indicate a current diagnosis of neuropathic pain or failure of first-line agents. The request for capsaicin would not be supported as medically necessary.

**FLURBIPROFEN 240 GM:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113. Decision based on Non-MTUS Citation MTUS: , TOPICAL ANALGESICS, 111-113.

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

**Decision rationale:** The Expert Reviewer's decision rationale: California MTUS Guidelines would not support continued use of topical Flurbiprofen. According to guideline criteria, the only nonsteroidal medication approved for use in the topical setting is Diclofenac. For that reason, the continued use of Flurbiprofen would not be indicated as medically necessary.