

<b>Case Number:</b>	CM13-0065383		
<b>Date Assigned:</b>	01/15/2014	<b>Date of Injury:</b>	06/26/2008
<b>Decision Date:</b>	07/22/2014	<b>UR Denial Date:</b>	12/02/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/13/2013

### 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 Anesthesiology, has a subspecialty in Pain 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 injured worker is a 56 year old male who had a date of injury of 06/26/08. It was reported that he developed low back pain after changing four truck tires. The injured worker had subjective complaints of low back pain radiating into the left lower extremity. The submitted clinical record consisted of attending physician statements/progress reports which provided very limited information. On review of these documents the injured worker had localized tenderness of his low back, the left sacroiliac joint and midline. The injured worker's range of motion was noted to be reduced and his neurovascular status remained unchanged. The injured worker had a diagnosis of lumbar disc bulging and displacement of lumbar intervertebral disc. The record contained a utilization review determination dated 12/02/13 in which requests for vicodin 7.5mg, Xanax 0.5, topical inflammatory meds times three months, and omega 3 were non-certified.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**VICODIN 7.5 MG:** Upheld

**Claims Administrator guideline:** Decision based on MTUS The Chronic Pain Medical Treatment Guidelines, Opioid Section.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opiates Page(s): 74-80.

**Decision rationale:** The request for vicodin 7.5mg is not supported as medically necessary. The submitted clinical record consists of a series of PR2s which failed to provide adequate information to justify the use of an opiate medication. The serial notes do not provide any historical information to suggest that the injured worker has undergone surgical intervention nor has some other more severe condition than is presented. The record does not provide substantive objective findings which would warrant the use of opiate medications. Further, the records do not contain serial visual analog scale scores or other measures to establish the efficacy of this treatment. There is no indication that there is a signed pain management contract or that the use of this medication results in functional improvements. As such medical necessity is not established, therefore is not medically necessary.

**XANAX 0.5:** Upheld

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

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

**Decision rationale:** The request for Xanax 0.5 is not supported as medically necessary. The submitted clinical records indicate that the injured worker has chronic low back pain there is no documentation of comorbid anxiety disorder or other conditions for which Xanax would be clinically indicated. Chronic Pain Medical Treatment Guidelines, the use of Xanax is not supported chronically for the treatment of sleep disturbance as such the medical necessity has not been established for continued use of this medication. Therefore is not medically necessary.

**TOPICAL INFLAMMATION MEDS X 3 MONTHS:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 112-113. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter, Compounded Medications.

**Decision rationale:** The request for topical inflammation meds times three months is not supported as medically necessary. Per Chronic Pain Medical Treatment Guidelines, the Official Disability Guidelines and US FDA do not recommend the use of compounded medications as these medications are noted to be largely experimental in use with few randomized controlled trials to determine efficacy or safety. Further, the FDA requires that all components of a transdermal compounded medication be approved for transdermal use. The request does not identify the components of this medication. Any compounded product that contains at least one drug (or drug class) that is not recommended and therefore is not medically necessary.

**OMEGA 3:** Upheld

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

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter, Omega-3 fatty acids (EPA/DHA).

**Decision rationale:** The request for omega 3 is not supported as medically necessary. The submitted clinical records do not provide any data to establish that the injured worker has a condition for which omega 3 would potentially be of benefit. As such the medical necessity for the continued use of this supplement has not been established. Therefore is not medically necessary.