

<b>Case Number:</b>	CM13-0072086		
<b>Date Assigned:</b>	01/08/2014	<b>Date of Injury:</b>	11/03/1998
<b>Decision Date:</b>	06/12/2014	<b>UR Denial Date:</b>	12/25/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/30/2013

### 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 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 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 reported an injury on 11/03/1998, secondary to a fall. Current diagnoses include chronic pain syndrome, lumbar back pain, lumbar radiculopathy, lumbar degenerative disc disease, anxiety, depression, insomnia, and opioid dependence. The injured worker was evaluated on 12/18/2013. Current medications include Norco, Valium, Lyrica, Zanaflex, Lidoderm, ibuprofen, and Flector Patch. The injured worker reported 10/10 pain with activity limitation. Physical examination revealed a slow gait. Treatment recommendations included continuation of current medication.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**ZANAFLEX 4 MG #60:** 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): 63-66.

**Decision rationale:** California MTUS Guidelines state muscle relaxants are recommended as nonsedating second line options for short term treatment of acute exacerbations. Efficacy appears to diminish over time and prolonged use may lead to dependence. The injured worker has

utilized Zanaflex 4 mg since 02/2013. There was no objective evidence of palpable muscle spasm or spasticity. As guidelines do not recommend long term use of this medication, the current request is not medically appropriate. As such, the request is not medically necessary.

**AXERT 12.5 MG #20:** 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 (ODG) Head Chapter, Triptans.

**Decision rationale:** Official Disability Guidelines state triptans are recommended for migraine sufferers. The injured worker has utilized Axert 12.5 g since 2/2013. The injured worker does not maintain a diagnosis of migraine headaches. As the medical necessity has not been established, the current request cannot be determined as medically appropriate.

**IBUPROFEN 800 MG #120:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs Page(s): 67-72.

**Decision rationale:** California MTUS Guidelines state NSAIDs are recommended for osteoarthritis at the lowest dose for the short period in patients with moderate to severe pain. For acute exacerbations of chronic pain, NSAIDs are recommended as a second line option after acetaminophen. The injured worker has utilized ibuprofen 800mg since 02/2013. There is no evidence of objective functional improvement. Guidelines do not recommend long term use of NSAIDs. Therefore, the request is not medically necessary.

**LIDODERM PATCH #1 BOX:** 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): 111-113.

**Decision rationale:** California MTUS Guidelines state Lidocaine is indicated for localized or neuropathic pain after there has been a trial of first line therapy with tricyclic or SNRI antidepressants or an anticonvulsant. There is no documentation of a failure to respond to first line therapy. The injured worker has utilized Lidoderm since 02/2013 without any evidence of objective functional improvement. As such, the request is not medically necessary.

**FLECTOR PATCH #1 BOX:** 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): 111-113.

**Decision rationale:** California MTUS Guidelines state the only FDA approved topical NSAID is diclofenac. It has not been evaluated for the treatment of the spine, hip or shoulder. Therefore, the current request cannot be determined as medically appropriate.

**PROTONIX 40 MG #30:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & Cardiovascular Risk Page(s): 68-69.

**Decision rationale:** California MTUS Guidelines state proton pump inhibitors are recommended for patients at intermediate or high risk for gastrointestinal events. Patients with no risk factor and no cardiovascular disease do not require the use of a proton pump inhibitor, even in addition to a nonselective NSAID. There is no evidence of cardiovascular disease or increased risk factors for gastrointestinal events. Therefore, the injured worker does not meet criteria for the requested medication.

**VALIUM 10MG #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:** California MTUS Guidelines state benzodiazepines are not recommended for long term, because long term efficacy is unproven and there is a risk of dependence. The injured worker has utilized Valium 10 mg since 02/2013. Guidelines do not recommend long term use of this medication. As such, the request is not medically necessary.