

<b>Case Number:</b>	CM14-0001625		
<b>Date Assigned:</b>	01/22/2014	<b>Date of Injury:</b>	08/12/2001
<b>Decision Date:</b>	06/10/2014	<b>UR Denial Date:</b>	12/12/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/06/2014

### 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 Physical Medicine & Rehabilitation and is licensed to practice in Illinois. 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 female who reported a trip and fall injury to her lower back on 12/18/2001. Within the clinical note dated 11/22/2013 the injured worker reported her pain on 8/10, but location was not provided within the report. The physical exam stated the injured worker had a positive straight leg raise test bilaterally and lumbar tenderness. The diagnoses listed included disc bulge at L4-5, status post lumbar decompression and fusion, and probable solid fusion. The prescribed medication with dosage and frequency was not provided within the submitted documentation. He request for authorization was not provided within the submitted documentation.

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **RETROSPECTIVE LORAZEPAM:** Upheld

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

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

**Decision rationale:** The request for retrospective Lorazepam is non-certified. The CA MTUS does not recommended for long-term use because long-term efficacy is unproven and there is a

risk of dependence. Most guidelines limit use to 4 weeks. The injured worker did not have a provided list of prescribed medication and is unclear how long the injured worker utilized the medication, nor was there documentation of the efficacy of the medication. The drug screen on 11/22/2013 reported the injured worker was negative for the screen would indicate the injured worker was non-compliant with the medication; however, without the prescribed medication list with dosage and frequency it is unclear if lorazepam was to be utilized on an as needed basis and whether she has had appropriate urine drug screens. Given the guidelines recommendation that Lorazepam be utilized short term for no more than four weeks the request exceeds the short term usage outlined. In addition, the injured worker did not report trouble sleeping, anxiety, or muscle spasms. Thus, the request for retrospective Lorazepam is not medically necessary.

**RETROSPECTIVE MS CONTIN: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines OPIOIDS, CRITERIA FOR USE.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines OPIOIDS Page(s): 78.

**Decision rationale:** The request for retrospective MS Contin is non-certified. The CA MTUS guidelines recognize four domains that have been proposed as most relevant for ongoing monitoring of chronic pain patients on opioids: pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant (or non-adherent) drug-related behaviors. Within the clinical notes the injured worker has reported high pain ratings and the limited pain assessments did not indicate whether the pain rating were done with or without medication. Lastly, the injured worker did not show any objective signs of functional improvement while on the medication. Hence, the request for retrospective MS Contin is not medically necessary.

**RETROSPECTIVE PERCOCET: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines OPIOIDS, CRITERIA FOR USE.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines OPIOIDS Page(s): 78.

**Decision rationale:** The request for retrospective Percocet is non-certified. The CA MTUS guidelines recognize four domains that have been proposed as most relevant for ongoing monitoring of chronic pain patients on opioids: pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant (or non-adherent) drug-related behaviors. Within the clinical notes the injured worker has reported high pain ratings and the limited pain assessments did not indicate whether the pain rating were done with or without medication. Lastly, the injured worker did not show any objective signs of functional improvement while on the medication. Hence, the request for retrospective Percocet is not medically necessary.

**RETROSPECTIVE MENTHODERM:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines SALICYLATE TOPICALS Page(s): 110.

**Decision rationale:** The request for menthoderm gel 120mg is certified. The proprietary active ingredients of menthoderm is methyl salicylate/menthol. The CA MTUS guidelines recommend topical salicylate (e.g., Ben-Gay, methyl salicylate) is significantly better than placebo in chronic pain. The injured worker showed signs and symptoms of a musculoskeletal origin with pain. The medication would be indicated for the pain documented; however, without the prescribed medication list it is unclear if the injured worker has been utilizing this medication previously with a documented efficacy or this is a new medication. Thus, the request for retrospective Menthoderm is not medically necessary.