

<b>Case Number:</b>	CM14-0001967		
<b>Date Assigned:</b>	01/24/2014	<b>Date of Injury:</b>	10/26/2011
<b>Decision Date:</b>	06/10/2014	<b>UR Denial Date:</b>	12/20/2013
<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 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 underlying date of injury in this case is 10/26/2011. The primary diagnosis is a lumbosacral sprain. Additional diagnoses include possible lumbosacral disc injury with radiculopathy, internal derangement of the knee, right knee meniscal tear, lumbosacral foraminal stenosis, and right knee contusion. On 10/30/2013, the patient was seen in physical rehabilitation followup. The treating physician noted that the patient continued with ongoing low back and right knee pain which the patient felt was unbearable at times. The treating physician noted the patient was being treated with Meloxicam, Norco, Flexeril, and Lidoderm as well as Prozac and that he used a Butrans Patch for increased pain and discomfort. The treating physician planned to continue the patient's current treatment. Subsequently on 11/20/2013, the claimant was seen in followup and continued with similar pain, and again the treating physician renewed the medications on 01/10/2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**MELOXICAM:** Overturned

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines ANTI-INFLAMMATORY MEDICATIONS Page(s): 22.

**Decision rationale:** The MTUS Chronic Pain Guidelines states that anti-inflammatories are the traditional first line of treatment to reduce pain so that activity and functional restoration can resume. An initial physician review noted that the patient did not have an initial trial of acetaminophen before proceeding to an anti-inflammatory medication and that the guidelines recommend anti-inflammatories only for short-term use. The MTUS Chronic Pain Guidelines, however, do indicate that an anti-inflammatory medication can be a first-line medication and that with documentation of clinical benefit this medication can be utilized long term. The medical records outline substantial pain with functional limitations and the patient's consistent reports of improvement with treatment. The request is therefore medically necessary and appropriate.

**NORCO:** Upheld

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

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

**Decision rationale:** The MTUS Chronic Pain Guidelines, section on opioids/ongoing management, page 78, recommend documentation of the four A's of opioid management, documenting in detail functional benefit versus side effects of opioid medication. The medical records contain very limited such information and particularly do not document objective or verifiable functional improvement from opioids. Long-term opioid use is not supported by the medical records and MTUS Chronic Pain Guidelines. This request is not medically necessary and appropriate.

**FLEXERIL:** 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.

**Decision rationale:** The MTUS Chronic Pain Guidelines recommends muscle relaxants only for short-term use. The medical records in this case do not provide an alternate rationale for ongoing chronic use. This request is therefore not medically necessary and appropriate.

**LIDODERM PATCH:** 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): 112.

**Decision rationale:** The MTUS Chronic Pain Guidelines states regarding topical lidocaine that this is not recommended for non-neuropathic pain and would only be recommended for localized peripheral pain. The medical records do not document that Lidoderm is being used for an indication recommended by the MTUS Chronic Pain Guidelines. This request is therefore not medically necessary and appropriate.

**PROZAC:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines SELECTIVE SEROTONIN REUPTAKE INHIBITORS Page(s): 107.

**Decision rationale:** The MTUS Chronic Pain Guidelines, section on selective serotonin reuptake inhibitors, page 107, state that this treatment is not recommended for chronic pain but may have a role in treating secondary depression. The medical records provided for review contain very limited information regarding any indication or effectiveness of this medication for treating depression. This request is not supported by the treatment guidelines. This request is not medically necessary and appropriate.

**BUTRANS 10MCG PATCH:** Upheld

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

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

**Decision rationale:** The MTUS Chronic Pain Guidelines, section on opioids/ongoing management, page 78, recommend documentation of the four A's of opioid management, documenting in detail functional benefit versus side effects of opioid medication. The medical records provided for review contain very limited such information and particularly do not document objective or verifiable functional improvement from opioids. Long-term opioid use is not supported by the medical records and Guidelines. This request is not medically necessary and appropriate.