

<b>Case Number:</b>	CM14-0016773		
<b>Date Assigned:</b>	04/11/2014	<b>Date of Injury:</b>	11/27/2011
<b>Decision Date:</b>	05/28/2014	<b>UR Denial Date:</b>	01/23/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/10/2014

### 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 Internal Medicine and Pulmonary Diseases 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 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 51-year-old male who reported an injury on 11/27/2011. The mechanism of injury was not stated. Current diagnoses include enthesopathy of the knee, muscle spasm, and sprain/strain of the knee. The injured worker was evaluated on 01/14/2014. The injured worker reported 6/10 pain. Current medications include Quazepam 15 mg, fish oil 500 mg, and a multivitamin. Physical examination revealed full range of motion of the right knee with 5/5 motor strength and tenderness to palpation of the medial joint line. The 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:

**QUAZEPAM 15MG, #30:** Upheld

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

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

**Decision rationale:** The Expert Reviewer's decision rationale: California MTUS Guidelines state benzodiazepines are not recommended for long-term use, because long-term efficacy is

unproven and there is a risk of dependence. Most guidelines limit the use to 4 weeks. There is no documentation of an anxiety disorder. The medical necessity for the ongoing use of this medication has not been established. Guidelines do not recommend long-term use of this medication. There is also no frequency listed in the current request. Therefore, the request is not medically necessary.

**TOPICAL ANALGESIC TEROGIN 4%:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics, CA MTUS.

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

**Decision rationale:** The Expert Reviewer's decision rationale: California MTUS Guidelines state topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. They are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. There is no frequency or quantity listed in the current request. Therefore, the request is not medically appropriate. There is also no documentation of this injured worker's current utilization of this medication. Based on the clinical information received, the request is not medically necessary.