

<b>Case Number:</b>	CM14-0172097		
<b>Date Assigned:</b>	10/23/2014	<b>Date of Injury:</b>	02/21/2012
<b>Decision Date:</b>	11/25/2014	<b>UR Denial Date:</b>	10/09/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/17/2014

### 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 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:

This is the case of a 30 year old female with a date of injury of 2/21/2012. She is diagnosed with lumbar herniated nucleus pulposus at L4-L5 and L5-S1, bilateral nerve root impingement per MRI, severe left sciatica, severe spinal stenosis at L4-L5, anxiety/depression, sexual dysfunction and insomnia. In an initial spinal surgery consultation report by [REDACTED] dated 4/28/2014, it was noted that the patient on the date of injury was cleaning the floral shop she worked in and pulled a trash can into the alley and prepared to dispose of its contents. She picked up the can and dumped the contents into a larger trash bin and experienced pain in her lower back which radiated sharply into her left leg. She has undergone xrays, nerve conduction studies and MRI's of her lower back. Physical Therapy was stopped due to severe pain and crying during her sessions. She was offered spinal injections and surgery which she declined. At the conclusion of that visit based on her clinical presentation, symptoms, physical examination, and radiological studies, it was determined that surgical intervention was indicated and would involve lumbar laminectomy and discectomy at L4-L5.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Keto/Gaba/Tram (DOS: 9/23/14): Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 111-112.

**Decision rationale:** Based on MTUS guidelines, topical analgesics are recommended as an option and are largely experimental in use with few randomized controlled trials to determine efficacy or safety. Primarily they are recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. These agents are applied locally to painful areas with advantages that include lack of systemic side effects, absence of drug interactions, and no need to titrate. There is little to no research to support the use of many of these agents. The efficacy of Non-steroidal antiinflammatory agents (NSAIDs) in clinical trials for this treatment modality has been inconsistent and most studies are small and of short duration. Topical NSAIDs have been shown in meta-analysis studies to be superior to placebo during the first 2 weeks of treatment for osteoarthritis, but either not afterward, or with a diminishing effect over another 2-week period. These medications may be useful for chronic musculoskeletal pain, but there are no long-term studies of their effectiveness or safety. They are recommended for short-term use (4-12 weeks) when used for osteoarthritis or tendinitis, in particular, of the knee and elbow. In this case, the patient has used topical compounds of Keto/Gaba/Tram for several months without documented improvement. Also, the request does not specify quantity or duration of proposed treatment. Therefore, based on MTUS guidelines the request for Keto/Gaba/Tram is not medically necessary.

**Tylenol #4 #90 (DOS: 9/23/14):** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Acetaminophen (APAP).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 72-79.

**Decision rationale:** Based on MTUS guidelines, short-acting opioids are seen as an effective method in controlling pain. They are often used for intermittent or breakthrough pain. These agents are often combined with other analgesics such as acetaminophen and aspirin. These adjunct agents may limit the upper range of dosing of short-acting agents due to their adverse effects. The duration of action is generally 3-4 hours. When considering opioids for on-going management of chronic pain, adequate review and documentation of pain relief, functional status, appropriate medication use, and side effects should be documented. Pain assessment should include: current pain; the least reported pain over the period since last assessment; average pain; intensity of pain after taking the opioid; how long it takes for pain relief; and how long the pain relief lasts. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. Consideration of a consultation with a multidisciplinary pain clinic is recommended if doses of opioids are required beyond what is usually required for the condition or pain does not improve on opioids in 3 months. Some of the reasons for discontinuation of opioids include if there is no overall improvement in function, unless there are extenuating circumstances, if there is continuing pain with evidence of intolerable adverse effects, if there is decrease of functioning, or resolution of pain. In this case, the patient does suffer from chronic low back pain with radiculopathy, but

there is no documentation of adequate review and documentation of pain relief. The patient continues to have persistent pain despite the use of opioids. Alternative treatments were recommended which have not been pursued at this time. Therefore based on MTUS guidelines and the evidence in this case, the request for Tylenol #4 90 tabs is not medically necessary.

**Xanax 0.25mg #60 (DOS: 9/23/14): Upheld**

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

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

**Decision rationale:** Based on MTUS guidelines, benzodiazepines are not recommended for long-term use because efficacy is unproven and there is a risk of dependence. Most guidelines limit use to 4 weeks. Their range of action includes sedative/hypnotic, anxiolytic, anticonvulsant, and muscle relaxant. Chronic benzodiazepines are the treatment of choice in very few conditions. Tolerance to hypnotic effects develops rapidly. Tolerance to anxiolytic effects occurs within months and long-term use may actually increase anxiety. A more appropriate treatment for anxiety disorder is an antidepressant. Tolerance to anticonvulsant and muscle relaxant effects occurs within weeks. In this case, the patient has been on Xanax for several weeks with limited benefit. There is no indication in this case for prolonged use of Xanax. Therefore based on MTUS guidelines and the evidence in this case, the request for Xanax 0.25 mg #60 is not medically necessary.