

<b>Case Number:</b>	CM14-0022226		
<b>Date Assigned:</b>	05/09/2014	<b>Date of Injury:</b>	07/11/2003
<b>Decision Date:</b>	07/10/2014	<b>UR Denial Date:</b>	02/06/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/21/2014

### 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 Occupational 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:

The applicant is a represented [REDACTED] employee who has filed a claim for chronic low back pain associated with an industrial injury of July 11, 2003. Thus far, the applicant has been treated analgesic medications, opioid therapy, anxiolytic medications, and transfer of care to and from various providers in various specialties. In an April 9, 2014 progress note, the applicant was described as permanent and stationary. The applicant was reportedly working on a part-time basis, four to five hours a day, as a case manager, answering phones, shopping, and cooking at a homeless shelter. The attending provider stated that Norco was ameliorating the applicant's low back pain and reiterated that the applicant was working up to four hours a day. The attending provider stated that applicant was using Klonopin for muscle spasm purposes. The applicant was using cane to move about, it was further noted. A 20 pound lifting limitation was endorsed. It did not appear that the applicant was working with this limitation in place. The applicant was described as carrying ancillary diagnoses of anxiety and panic attacks, although these issues were not characterized or detailed in any way. There was no mention or discussion of the applicant's mental health issues on any recent progress note provided. It is not clearly stated for what purpose Prozac was being employed. Several earlier notes were surveyed. On February 7, 2014, it was specifically stated that the applicant was using Prozac for depression.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**NORCO 10/325MG #240 WITH ONE REFILL:** Overturned

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 80.

**Decision rationale:** As noted on page 80 of the MTUS Chronic Pain Medical Treatment Guidelines, the cardinal criteria for continuation of opioid therapy includes evidence of successful return to work, improved functioning, and/or reduced pain achieved a result of the same. In this case, the applicant meets the aforementioned criteria. Specifically, the applicant has returned to work. The applicant does report appropriate diminution in pain scores and improvements in function achieved as a result ongoing opioid therapy. Therefore, the request is medically necessary.

**FLEXERIL:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 41.

**Decision rationale:** As noted on page 41 of the MTUS Chronic Pain Medical Treatment Guidelines, the addition of Flexeril to other agents is not recommended. In this case, the applicant is using a variety of other analgesic, adjuvant, and psychotropic medications. Adding Flexeril to the mix is not indicated. Therefore, the request is not medically necessary.

**Z-PAK 250MG #6 WITH ONE (1) REFILL:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation FDA guidelines.

**Decision rationale:** The MTUS/ACOEM guidelines do not address the topic. As noted by the Food and Drug Administration, however, indications for usage of Zithromax or azithromycin include the treatment of mild-to-moderate infections, such as acute bacterial exacerbations of COPD, bacterial sinusitis, community-acquired pneumonia, skin infections, etc. In this case, however, there was no clear description of any acute onset infection for which Zithromax would have been indicated. It is further noted that antibiotics are typically given if and when an infection arises. In this case, the fact that the attending provider furnished the applicant with a refill of Zithromax indicates that Zithromax was likely being employed for non-FDA approved purposes. Finally, it is noted that the attending provider's documentation is sparse, highly

templated, and did not seemingly change much from visit-to-visit, making it difficult to support the medication in question. Therefore, the request is not medically necessary.

**PROZAC 5MG #25 WITH 4 REFILLS:** Overturned

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions Page(s): 402.

**Decision rationale:** As noted in the MTUS-adopted ACOEM Guidelines in Chapter 15, antidepressant medications such as Prozac often do take weeks to exert their maximal effect. In this case, the applicant is having issues with depression. Ongoing usage of Prozac to combat the same is indicated and appropriate. Therefore, the request is medically necessary.

**KLONOPIN 1MG #30 WITH 4 REFILLS:** Upheld

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

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

**Decision rationale:** The attending provider has indicated that she intends for the applicant to use Klonopin, a benzodiazepine anxiolytic, for muscle spasm purposes. As noted on page 24 of the MTUS Chronic Pain Medical Treatment Guidelines, however, chronic usage of benzodiazepines is the treatment of choice in very few conditions. While the MTUS Chronic Pain Medical Treatment Guidelines do support usage of benzodiazepines for up to four weeks for muscle relaxant effect, in this case, the attending provider seemingly intends for the applicant to employ the medication in question on a chronic, long-term, and/or scheduled use purpose. This is not indicated, appropriate, or supported by the MTUS. Therefore, the request is not medically necessary.