

<b>Case Number:</b>	CM14-0025371		
<b>Date Assigned:</b>	06/11/2014	<b>Date of Injury:</b>	11/07/2012
<b>Decision Date:</b>	08/14/2014	<b>UR Denial Date:</b>	02/06/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/27/2014

### 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 and Rehabilitation, has a subspecialty in Pain Medicine and is licensed to practice in Texas and Oklahoma. 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 41-year-old female who reported an injury on 11/07/2012 due to an unknown mechanism. The injured worker complained of neck pain and rated it at 8/10 to 9/10 on a scale of 0 to 10. The injured worker stated that medication helped decrease pain to a level of 4/10 to 5/10. The injured worker complained of left shoulder pain rated at 8/10 to 9/10 and with medication, the pain level was 4/10 to 5/10. The injured worker also had complaints of low back pain rated at 8/10 to 9/10 which was reduced with medications to a 4/10 to 5/10. Palpation of the cervical spine revealed tenderness in the paravertebrals, trapezius, and intrascapular area. Range of motion for flexion and extension, although increased as compared to previous visit, was still not in normal range. Cervical compression test was negative. Spurling test was negative. Examination of the left acromioclavicular and subacromial joints revealed tenderness upon palpation. The injured worker was limping due to left knee pain. There was tenderness noted throughout the thoracolumbar paravertebrals, which was worse at the L4-5 and L5-S1. Range of motion of the lumbar spine was unrestricted. Straight leg test was positive to 25 degrees on the left side. Examination of the left knee revealed tenderness over the medial joint line in the popliteal fossa. Apley's maneuver was positive. Gross stability of the knee was satisfactory at full extension and 30 degrees of flexion to varus and valgus stress testing. Medications for the injured worker were hydrocodone 5/325 one tablet twice a day, tramadol 50 mg 1 tablet twice a day, Flexeril 7.5 mg 1 tablet at bedtime, Medrox ointment use as directed, and Xanax 0.5. Diagnoses for the injured worker were cervical spine, left shoulder sprain, lumbar sprain, left knee sprain, depression, anxiety/stress, and insomnia. Past treatment modalities were not reported. The treatment plan was to take medications as directed. The injured worker was

instructed to continue with a home exercising program. The rationale and request for authorization were not submitted for review.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**XANAX 0.5MG, #30: 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:** Xanax is in a class that is called benzodiazepine. The California Medical Treatment Utilization Schedule states that benzodiazepines are 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. Their range of action includes sedative/hypnotic, anxiolytic, anticonvulsant, and muscle relaxant. It is unclear why the injured worker is taking Xanax due to physical examination did not reveal any muscle spasms. The guidelines also state that long term use may actually increase anxiety. It was reported that the injured worker was feeling anxious and depressed. Physical examination note submitted for review was dated 01/09/2014 which is more than a 4 week period which exceeds guideline recommendations. The efficacy of the medication was not provided to support continuation. The request did not indicate a frequency for the medication. Therefore, the request is non-certified.

**HYDROCODONE 5/325MG, #60: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, On-going Management Page(s): 78.

**Decision rationale:** The injured worker did not have any urine toxicology screens submitted with the document. There was no continuing review of overall situation in regards to the injured worker's pain of trying to encourage non opioid means of control. The California Medical Treatment Utilization Schedule states for ongoing review and documentation of pain relief, documentation of functional status, appropriate medication use, and side effects should be documented on a regular basis. Pain assessment should include current pain, the least reported pain over the period since last assessment, average pain, and intensity of pain after taking the opioid, how long it takes for pain relief, and how long pain relief lasts. There are 4 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 nonadherent) drug-related behaviors. These domains have been summarized as the 4 A's (analgesia, activities of daily living, adverse side effects, and aberrant

drug taking behaviors). The monitoring of these outcomes over time should affect therapeutic decisions and provide a framework for documentation of the clinical use of these controlled drugs. Side effects of the hydrocodone were not report and there was a lack of information regarding whether aberrant behaviors were assessed to support continuation. There was also a lack of functional improvement with the use of this medication to meet guideline criteria for continuation. Also, the request does not indicate the frequency for the medication. Therefore, the request is non-certified.

**TRAMADOL 50MG, #60:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Tramadol Page(s): 93-94, 78.

**Decision rationale:** CA MTUS Guidelines state Tramadol is a synthetic opioid affecting the central nervous system and has many side effects such as may increase the risk of seizure especially in patients taking SSRIs (Selective Serotonin Reuptake Inhibitor), TCAs (Tricyclic antidepressant agents) and other opioids. CA MTUS Guidelines also state there should be ongoing review of the 4A's to include pain relief, functional improvement, side effects and aberrant behavior to support continuation. The injured worker had no urine toxicology screenings submitted for review. Side effects of the tramadol were not reported. Objective functional improvement was not documented as a result of this medication to support continuation. The request submitted does not indicate a frequency for the medication. Therefore, the request is non-certified.

**MEDROX OINTMENT (MEDROCIN):** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics, Capsaicin Page(s): 111, 112, 28, 105.

**Decision rationale:** This is a compounded ointment that contains methyl salicylate, menthol, and capsaicin. California Medical Treatment Utilization Schedule topical analgesics are recommended as an option. Largely experimental in use with few randomized controlled trials to determine efficacy or safety. Many agents are compounded. There is little to no research to support the use of many of these agents. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. The guidelines state that capsaicin is recommended only as an option in patients who have not responded or are intolerant to other treatments. Capsaicin is recommended only as an option in patients who have not responded or are intolerant to other treatments. Methyl salicylate is recommended. It is available over the counter (Ben-Gay). The documentation provided failed to indicate that the injured worker has not responded to or is intolerant to other treatments to support the use of Capsaicin. The request

submitted does not indicate the area where the ointment is to be applied, or the quantity. Therefore, the request is non-certified.