

<b>Case Number:</b>	CM14-0025465		
<b>Date Assigned:</b>	06/13/2014	<b>Date of Injury:</b>	10/25/1999
<b>Decision Date:</b>	07/15/2014	<b>UR Denial Date:</b>	01/30/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/28/2014

### 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 Texas. 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 56 year old male who was injured on 10/25/99 while unloading video components. The specific injury sustained was not discussed in the clinical documentation submitted for review. Current diagnoses included chronic low back pain status post L4-5 and L5-S1 posterior lumbar interbody fusion, subsequent removal of fusion hardware on 11/14/03, lumbar post-laminectomy syndrome, bilateral lower extremities radiculopathy, reactionary depression/anxiety, failed spinal cord stimulator trial, and rule out pseudoarthrosis. A clinical note dated 1/13/14 indicated that the injured worker presented with continued symptomatic chronic low back pain in addition to multiple non-obstructing kidney stones. The injured worker reported low back pain radiating into the left leg into the great toe. The injured worker had associated weakness in bilateral lower extremities with numbness, tingling, and burning pain. The injured worker rated his pain at 7-8/10 with his current medications and 10/10 without. The injured worker reports 20-30% improvement in pain and function with the use of medication and without remains confined to a bed or chair. His current medication regimen included Norco 10/325mg (one to two tablets every four hours), gabapentin 600mg four times a day, Zanaflex 4mg three times a day, Ambien CR 12.5mg, omeprazole 20mg twice a day, valium 10mg every day as needed, and morphine ER 15mg twice a day. The injured worker was also undergoing psychotherapy which was reported as beneficial.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**VALIUM 10MG #30:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 24. Decision based on Non-MTUS Citation Official Disability Guidelines.

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

**Decision rationale:** As noted on page 24 of the Chronic Pain Medical Treatment Guidelines, 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. Studies have shown that tolerance to hypnotic effects develops rapidly and tolerance to anxiolytic effects occurs within months. It has been found that long-term use may actually increase anxiety. A more appropriate treatment for anxiety disorder is an antidepressant. As such, the request is not medically necessary.

**COMPOUND CREAM - KETOPROFEN 15%, GABAPENTIN 10% AND LIDOCAINE 10%:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 111-113. Decision based on Non-MTUS Citation Official Disability Guidelines.

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

**Decision rationale:** According to the Chronic Pain Medical Treatment Guidelines, the safety and efficacy of compounded medications has not been established through rigorous clinical trials. Topical analgesics are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. The documentation indicates the injured worker currently utilizes gabapentin and an anticonvulsant. The California MTUS guidelines require that all components of a compounded topical medication be approved for transdermal use. This compound contains Ketoprofen and Gabapentin which have not been approved for transdermal use. There is no evidence within the medical records submitted that substantiates the necessity of a transdermal versus oral route of administration. As such, the request is not medically necessary.