

<b>Case Number:</b>	CM14-0053698		
<b>Date Assigned:</b>	07/07/2014	<b>Date of Injury:</b>	02/11/2008
<b>Decision Date:</b>	08/29/2014	<b>UR Denial Date:</b>	04/08/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/22/2014

### 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 and is licensed to practice in Nevada. 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 53 year-old female who was reportedly injured on February 11, 2008. The mechanism of injury is not listed in these records reviewed. The most recent progress note dated April 20, 2014 indicates that there are ongoing complaints of low back and left knee pain. The physical examination demonstrated a well-developed, well-nourished individual in no reported distress. The gait is reported to be antalgic. A decrease sensation is noted in the bilateral L5-S1 dermatomes. Muscle guarding is reported in strength is under be 5/5. Diagnostic imaging studies objectified ordinary disease of life degenerative changes with no acute pathology noted. Previous treatment includes multiple medications, physical therapy and other pain management techniques. A request was made for multiple medications and was not certified in the pre-authorization process on April 6, 2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Percocet 10/325 mg # 180:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Treatment Guidelines Page(s): 92.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26. MTUS (Effective July 18, 2009) Page(s): 75-78.

**Decision rationale:** The Expert Reviewer based his/her decision on the MTUS Chronic Pain Medical Treatment Guidelines. Page 75-78. The Expert Reviewer's decision rationale: The date of injury, the response to treatment, the degenerative changes identified on enhanced imaging studies and the lack of any type of positive response to the medication profile in the past were all taken into consideration upon determining this decision. There is little clinical information presented demonstrating the efficacy or medical necessity to continue the same medication protocol. As outlined in the California Medical Treatment Utilization Schedule, these medications are noted to be effective in controlling chronic pain; however, there needs to be some efficacy established in terms of decreased pain complaints and/or increased functionality. Due to the lack of information documentation regarding pain and/or functionality, the medical necessity of the ongoing uses of Percocet 10/325mg has not been established.

**Atavan 0.5 mg # 30:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Treatment Guidelines, Benzodiazepines. Decision based on Non-MTUS Citation Official Disability Guidelines, Benzodiazepines.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26 MTUS (Effective July 18, 2009 Benzodiazepines) Page(s): 24.

**Decision rationale:** The Expert Reviewer based his/her decision on the MTUS Chronic Pain Medical Treatment Guidelines, Benzodiazepines. Page 24. The Expert Reviewer's decision rationale: As noted in the most recent progress note, this medication has been employed for a number of months. As outlined in the California Medical Treatment Utilization Schedule, this is a benzodiazepine and as such not recommended for long-term use as the long-term efficacy has been unproven. Most guidelines limit the use of benzodiazepines to no more than 4 weeks. When noting the ongoing findings of the physical examination, the relative lack of any efficacy or utility of this medication, tempered by the guidelines there is no medical necessity established for the indefinite use of this medication.