

<b>Case Number:</b>	CM14-0062018		
<b>Date Assigned:</b>	07/09/2014	<b>Date of Injury:</b>	01/21/2010
<b>Decision Date:</b>	12/30/2014	<b>UR Denial Date:</b>	04/16/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/02/2014

### 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, has a subspecialty in Nephrology 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 a 66-year-old female with a 1/21/2010 date of injury. The exact mechanism of the original injury was not clearly described. A progress report dated 3/18/14 noted subjective complaints of bilateral knee, hip, back, and left foot/ankle pain. Objective findings included swelling of the right knee with medial joint line tenderness. There is decreased ROM of bilateral knees. Diagnostic Impression: chronic knee pain and lumbar strain. Treatment to Date: medication management and physical therapy. A UR decision dated 4/16/14 denied the request for Tylenol ES 500 mg #60. It also denied Vicodin 5/300 mg #15. It also denied Skelaxin 800 mg #30. It also denied Pamelor 10 mg #30. There are no rationales provided in the documents available for review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Tylenol ED 500mg, #60:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 11-12, 16-17.

**Decision rationale:** CA MTUS states that Acetaminophen is indicated for treatment of chronic pain & acute exacerbations of chronic pain. However, although Acetaminophen is indicated for the treatment of chronic pain, there is no documentation of analgesia or objective functional benefit obtained from its use. Additionally, the request does not specify the frequency of administration. Finally, the maximum recommended dosage of Acetaminophen is 4 g/day. There is no clear rationale provided for concurrent prescriptions for Acetaminophen and Vicodin which also contains Acetaminophen. Therefore, the request for Tylenol ES 500 mg #60 was not medically necessary.

**Vicodin 5/300mg, #15:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Specific Drug List Hydrocodone/Acetaminophen.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opiates Page(s): 78-81.

**Decision rationale:** CA MTUS Chronic Pain Medical Treatment Guidelines do not support ongoing opioid treatment unless prescriptions are from a single practitioner and are taken as directed; are prescribed at the lowest possible dose; and unless there is ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. However, given the 2010 date of injury, the duration of opiate use to date is not clear. In addition, there is no discussion regarding endpoints of treatment. The records do not clearly reflect continued analgesia, continued functional benefit, a lack of adverse side effects, or aberrant behavior. Although opiates may be appropriate, additional information would be necessary, as CA MTUS Chronic Pain Medical Treatment Guidelines require clear and concise documentation for ongoing management. Therefore, the request for Vicodin 5/300 mg #15 was not medically necessary.

**Skelaxin 800mg, #30:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants Page(s): 63-66.

**Decision rationale:** CA MTUS Chronic Pain Medical Treatment Guidelines, state that muscle relaxants may be effective in reducing pain and muscle tension, and increasing mobility. However, in most LBP cases, they show no benefit beyond NSAIDs in pain and overall improvement, and no additional benefit has been shown when muscle relaxants are used in combination with NSAIDs. Efficacy appears to diminish over time, and prolonged use of some medications in this class may lead to dependence. However, given a 2010 original date of injury, the duration of Skelaxin use is unclear. Additionally, there is no clear documentation of objective functional benefit derived from its use. Finally, there is no mention of acute muscle

exacerbation to warrant the use of muscle relaxants. Therefore, the request for Skelaxin 800 mg #30 was not medically necessary.

**Pamelor 10mg, #30:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 13-14. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter - Antidepressants

**Decision rationale:** CA MTUS Chronic Pain Medical Treatment Guidelines state that antidepressants are recommended as a first line option for neuropathic pain, and as a possibility for non-neuropathic pain. In addition, ODG identifies that anxiety medications in chronic pain are recommended for diagnosing and controlling anxiety as an important part of chronic pain treatment. However, in the documents available for review, there is no documentation suggestive of neuropathic pain. Additionally, there is no diagnosis of depression or anxiety. It is unclear how Pamelor would be of benefit. Therefore, the request for Pamelor 10 mg #30 was not medically necessary.