

<b>Case Number:</b>	CM14-0063793		
<b>Date Assigned:</b>	07/11/2014	<b>Date of Injury:</b>	11/08/2013
<b>Decision Date:</b>	09/23/2014	<b>UR Denial Date:</b>	04/11/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/06/2014

### 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 & Rehabilitation and Pain Medicine and is licensed to practice in Texas and Ohio. 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 47-year-old male who reported an injury on 10/29/2013, the mechanism of injury was not provided within the medical records. The clinical note dated 04/17/2014 indicated the diagnoses of lumbar radiculopathy, chronic pain syndrome that was worse, and narcotic dependency. The injured worker reported low back pain rated 6/10 that was constant, achy, numbness, worse with any movement. The injured worker reported joint pain, stiffness, depression and insomnia. Upon physical examination the injured worker's blood pressure was 142/97, the injured worker ambulated with a normal gait. The treatment plan included request for trial of Cymbalta, request for urine drug screen, request for CPT evaluation, request for Neurontin, Norco. The injured worker's prior treatments included diagnostic imaging, surgery, and medication management. The injured worker's medication regimen included Norco, Vistaril, quazepam and Methoderm. The provider submitted a request for Methoderm, quazepam and Norco. A Request for Authorization dated 04/03/2014 was submitted for the above medications; however, a rationale was not provided for review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Methoderm Ointment 120ml #1:** 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; Topical Salicylates Page(s): 111; 105.

**Decision rationale:** The request for Mentherm Ointment 120ml #1 is not medically necessary. The California MTUS guidelines indicate that topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. Primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. They further indicate that topical salicylates are appropriate for the treatment of pain. It was not indicated that the injured worker had tried and failed antidepressants or anticonvulsants, in addition, the provider did not indicate a rationale for the request, moreover, the request does not indicate a frequency for this medication, therefore the medication is not medically necessary.

**Doral (Quazepam) 15mg #30:** Upheld

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

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain, Benzodiazepines.

**Decision rationale:** The request for Doral (Quazepam) 15mg #30 is not medically necessary. The Official Disability Guidelines state Quazepam is not recommended for long-term use because long-term efficacy is unproven and there is a risk of psychological and physical dependence or frank addiction. Most guidelines limit use to 4 weeks. Benzodiazepines are a major cause of overdose, particularly as they act synergistically with other drugs such as opioids (mixed overdoses are often a cause of fatalities). The injured worker has been prescribed this medication since at least 02/19/2014, the guidelines recommend to limit benzodiazepine use to 4 weeks. This exceeds the guideline recommendation for short term use, in addition, there is lack of documentation of efficacy and functional improvement with the use of the quazepam. Furthermore, the request does not indicate a frequency, therefore, the request is not medically necessary.

**Norco 10/325mg #90:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, specific drug list; Opioids, criteria for use Page(s): 91; 78.

**Decision rationale:** The request for Norco 10/325mg #90 is not medically necessary. The California MTUS Guidelines recommend the use of opioids for the on-going management of chronic low back pain. The ongoing review and documentation of pain relief, functional status,

appropriate medication use, and side effects should be evident. There is lack of significant evidence of an objective assessment of the injured worker's pain level, functional status, and evaluation of risk for aberrant drug use behaviors and side effects. In addition, it was not indicated if the injured worker had a signed opiate agreement, furthermore, the request does not indicate a frequency for the medication. Therefore, the request for Norco 10/325 mg 90 tablets is not medically necessary.