

<b>Case Number:</b>	CM14-0084002		
<b>Date Assigned:</b>	07/21/2014	<b>Date of Injury:</b>	06/01/1998
<b>Decision Date:</b>	09/17/2014	<b>UR Denial Date:</b>	06/04/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/05/2014

### 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, has a subspecialty in Pain Management and is licensed to practice in Texas & 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 55-year-old female who reported an injury on 06/01/1998. The mechanism of injury was not provided for clinical review. The diagnoses included status post left shoulder arthroscopy with subacromial bursectomy, status post L5-S1 posterior fusion, status post repeat exploration of L5-S1 for evaluation of hematoma, left knee pain, right knee pain, myofascial pain syndrome, and ankle injury post fall. Previous treatments included medication, surgery, and chiropractic sessions. Diagnostic testing included a CT and an EMG/NCV. Within the clinical note dated 05/09/2014, it was reported the injured worker complained of right knee pain. She rated her pain 7-8/10 in severity. On the physical examination, the provider noted the injured worker had pain over the supraspinatus with crepitation. The injured worker had a positive Tinel's with left greater than right over the median nerve. The provider noted flexion to the knees/extension was at 10 degrees. The injured worker had lumbar spine and sacroiliac pain. The injured worker had a positive straight leg raise on the right. The provider requested for OxyContin, Norco, alprazolam, Lidoderm, and Robaxin. However, a rationale was not provided for clinical review. The Request for Authorization was submitted and dated on 03/26/2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Oxycontin 30 mg, #180:** Upheld

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

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

**Decision rationale:** The California MTUS Guidelines recommend ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. The Guidelines recommend the use of a urine drug screen or inpatient treatment with issues of abuse, addiction, or poor pain control. The provider did not document an adequate and complete pain assessment within the documentation. The request submitted failed to provide the frequency of the medication. There is a lack of documentation indicating the efficacy of the medication as evidenced by significant functional improvement. Therefore, the request is not medically necessary.

**Norco 10/325 mg, Quantity 540:** Upheld

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

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

**Decision rationale:** The California MTUS Guidelines recommend ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. The Guidelines recommend the use of a urine drug screen or inpatient treatment with issues of abuse, addiction, or poor pain control. There was a lack of documentation indicating the efficacy of the medication as evidenced by significant functional improvement. The request submitted failed to provide the frequency of the medication. The provider failed to document an adequate and complete pain assessment within the documentation. Additionally, the use of a urine drug screen was not provided for clinical review. The injured worker has been utilizing the medication since at least 03/2014. Therefore, the request is not medically necessary.

**Alprazolam 0.5 mg #60 with 1 refill, Quantity 120:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 24, 66.

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

**Decision rationale:** The California MTUS Guidelines do not recommend alprazolam for long term use due to long term efficacy being unproven and there is a risk of dependence. The Guidelines also recommend the limited use of alprazolam to 4 weeks. The injured worker has been utilizing the medication since at least 03/2014 which exceeds the Guidelines recommendations of 4 weeks. There is a lack of documentation indicating the efficacy of the

medication as evidenced by significant functional improvement. The request submitted failed to provide the frequency of the medication. Therefore, the request is not medically necessary.

**Lidoderm 5% patches #90 with 3 refills:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 56-57, 111-113.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical NSAIDs Page(s): 111-112.

**Decision rationale:** The California MTUS Guidelines recommend topical NSAIDs for the use of osteoarthritis and tendinitis, in particular, that of the knee and/or elbow and other joints that are amenable. Topical NSAIDs are recommended for short term use of 4 to 12 weeks. There is a lack of documentation indicating the efficacy of the medication as evidenced by significant functional improvement. The request submitted failed to provide the frequency of the medication. The request submitted failed to provide the treatment site. Additionally, the injured worker had been utilizing the medication since at least 03/2014 which exceeds the Guideline recommendations of short term use of 4 to 12 weeks. Therefore, the request is not medically necessary.

**Robaxin 500 mg #60 with 1 refill:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 65.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants Page(s): 63-64.

**Decision rationale:** The California MTUS Guidelines recommend non-sedating muscle relaxants with caution as a second line option for short term treatment of acute exacerbation in patients with chronic low back pain. The Guidelines note the medication is not recommended to be used for longer than 2 to 3 weeks. The injured worker has been utilizing the medication since at least 03/2014 which exceeds the Guideline recommendations of short term use of 2 to 3 weeks. The request submitted failed to provide the frequency of the medication. Additionally, there was a lack of documentation indicating the efficacy of the medication as evidenced by significant functional improvement. Therefore, the request is not medically necessary.