

<b>Case Number:</b>	CM14-0098407		
<b>Date Assigned:</b>	07/28/2014	<b>Date of Injury:</b>	05/01/2008
<b>Decision Date:</b>	09/26/2014	<b>UR Denial Date:</b>	06/10/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/26/2014

### 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 records, presented for review, indicate that this 67-year-old individual was reportedly injured on May 1, 2008. The mechanism of injury was not listed in these records reviewed. The most recent progress note, dated March 11, 2014, indicated that there were ongoing complaints of hip pain requiring a total hip arthroplasty. The physical examination was not reported. Diagnostic imaging was not presented for review. Previous treatment included multiple medications, physical therapy, and pain management interventions. A request had been made for a cane and multiple medications and was not certified in the pre-authorization process on June 10, 2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**DME: Cane:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Hip pain, Groin Disorders-Hip Pain-Devices/Canes and Crutches.

**Decision rationale:** As noted in the ACOEM Guidelines, a cane can be utilized if it improves ambulation. However, there is no clinical data presented to outline the current clinical state, the current ambulatory state, or the gait pattern. Based on this lack of clinical information presented in the progress notes reviewed, there is insufficient clinical evidence to establish the medical necessity of this device.

**Ambien 5mg, qty 30:** Upheld

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

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Pain Chapter.

**Decision rationale:** As outlined in the MTUS, this medication is indicated for the short-term use (2-6 weeks) to address insomnia issues. This is noted as a short acting, non-benzodiazepine medication indicated for short-term use and specifically recommended not for long-term use. Therefore, based on the records presented for review, this appears to be a chronic, daily preparation and there is no objectification of any efficacy or utility with use of this preparation. As such, this is not clinically indicated. The medical necessity has not been established.

**Cidaflex (dosage/quantity unspecified):** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Glucosamine Page(s): 50.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Guidelines, 8 MTUS Page(s): 50.

**Decision rationale:** As noted in the MTUS, this medication is an option given its low risk in patients with moderate arthritis pain. However, it is noted that this individual is being set up for a Total Knee Arthroplasty. Therefore, with the amelioration of the arthritis and given the surgical intervention, there is no medical necessity for continuing a Glucosamine/Chondroitin preparation. The medical necessity has not been established.

**Norflex 100mg, qty 60:** 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 Guidelines, 8 MTUS Page(s): 65.

**Decision rationale:** Orphenadrine is a derivative of Diphenhydramine and belongs to a family of Antihistamines. It is used to treat painful muscle spasms and Parkinson's. The combination of Anti-Cholinergic effects and CNS penetration make it very useful for pain of all etiologies

including radiculopathy, muscle pain, neuropathic pain, and various types of headaches. It is also useful as an alternative to Gabapentin for those who are intolerant of the Gabapentin side effects. This medication has been an abuse potential due to a reported euphoric and mood elevating effect, and therefore should be used with caution as a 2nd line option for short-term use in both acute and chronic low back pain. Based on the clinical documentation provided, the clinician does not document trials of any previous anticonvulsant medications or medications for chronic pain such as Gabapentin. Given the MTUS recommendations that this be utilized as a 2nd line agent, the request is deemed not medically necessary.

**Terocin Patches (dosage/quantity unspecified): Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Guidelines, MTUS Page(s): 105, 112.

**Decision rationale:** MTUS guidelines support the use of Topical Lidocaine for individuals with neuropathic pain that have failed treatment with first-line therapy including antidepressants or anti-epileptic medications. Review, of the available medical records, fails to document signs or symptoms consistent with neuropathic pain or a trial of first-line medications. As such, this request is not medically necessary.