

<b>Case Number:</b>	CM14-0099673		
<b>Date Assigned:</b>	07/28/2014	<b>Date of Injury:</b>	04/18/2002
<b>Decision Date:</b>	08/29/2014	<b>UR Denial Date:</b>	06/17/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/30/2014

### 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 is licensed to practice in Illinois. 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 59-year-old female who reported an injury on 04/18/2002. The mechanism of injury was not stated. The current diagnoses include cervical spine disc syndrome with radiculopathy, lumbosacral spine disc syndrome with radiculopathy, calcified T11 and T12 disc, chronic pain syndrome, and internal derangement of the right knee. The injured worker was evaluated on 02/05/2014 with complaints of persistent pain, stiffness, and weakness. Physical examination revealed reduced range of motion of the entire spine, absent left bicep and left ankle deep tendon reflexes, reduced sensation and strength in the left C6 and S1 spinal nerve roots, positive straight leg raising, tenderness to palpation, spasm, and limited right knee range of motion. Treatment recommendations at that time included continuation of the current medication regimen including Lenza gel and Medrox patch, as well as Norco 10/325 mg.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Norco 10/325 mg #120 Refills x2:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page 74-82 Page(s): 74-82.

**Decision rationale:** The California MTUS Guidelines state a therapeutic trial of opioids should not be employed until the patient has failed a trial of non-opioid analgesics. Ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects should occur. The injured worker has utilized this medication since 06/2013 without any evidence of objective functional improvement. There is also no frequency listed in the current request. As such, Norco 10/325 mg #120 is not medically necessary.

**Soma 350 mg #90 Refills x2:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page 63-66 and 124 Page(s): 63-66 OF 124.

**Decision rationale:** The California MTUS Guidelines state muscle relaxants are recommended as non-sedating second line options for short term treatment of acute exacerbations. Soma should not be used for longer than 2 to 3 weeks. There is no frequency listed in the current request. The Guidelines do not recommend long term use of muscle relaxants. As such, Soma 350 mg #90 is not medically necessary.

**Xanax 1mg #60:** Upheld

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

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

**Decision rationale:** The California MTUS Guidelines state benzodiazepines are not recommended for long term use, because long term efficacy is unproven and there is a risk of dependence. The injured worker has utilized this medication since 06/2013. There is no evidence of objective functional improvement. The Guidelines do not recommend long term use of this medication. There is also no frequency listed in the current request. As such, Xanax 1mg #60 is not medically necessary.

**Lenza Gel (Strength and Amount Unspecified):** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page 111-113 Page(s): 111-113.

**Decision rationale:** The California MTUS Guidelines state topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. There

is no strength, frequency or quantity listed in the current request. There is also no evidence of a failure of oral medication prior to the initiation of a topical analgesic. Based on the clinical information received, Lenza Gel (Strength and Amount Unspecified) is not medically necessary.

**Medrox Patch (Strength and Amount Unspecified): Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page 111-113 Page(s): 111-113.

**Decision rationale:** The California MTUS Guidelines state topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. There is no strength, frequency or quantity listed in the current request. There is also no evidence of a failure of oral medication prior to the initiation of a topical analgesic. Based on the clinical information received, Medrox Patch is not medically necessary.