

<b>Case Number:</b>	CM14-0017721		
<b>Date Assigned:</b>	05/05/2014	<b>Date of Injury:</b>	02/18/2009
<b>Decision Date:</b>	01/19/2015	<b>UR Denial Date:</b>	01/06/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/12/2014

### 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, has a subspecialty in Interventional Spine 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:

The patient is a 50-year-old male with a date of injury of 02/18/2009. According to progress report 07/01/2013, the patient is status post microdiscectomy of the left L4-L5 on 12/06/2012. The patient also underwent a posterior interbody fusion at L4-L5 on 06/19/2013. The patient is experiencing significant postoperative pain and subsequently had to increase his Norco intake from 6 to 8 tablets a day. This has enabled him to perform activities of daily living as well as ambulate with the use of his front-wheeled walker. He currently rates his pain 9/10. Examination of the lumbar spine revealed tenderness to palpation along the lumbar musculature, left greater than right. He has trigger points that are palpable and they are tender to palpation. The patient has decreased range of motion and is able to extend about 20 degrees and bend forward with his fingers outreached around 4 inches past his knee joint. He has decreased sensation at L5-S1 distribution on the left lower extremity. There is positive straight leg raise on the left at 60 degrees in a modified sitting position and negative on the right. The patient's current medication regimen includes Norco 10/325 mg, Prilosec 20 mg, Fexmid 7.5 mg, Valium 10 mg, Carafate 1000 mg, Topamax 50 mg, Dendracin topical analgesic cream, and Colace 100 mg. The listed diagnoses are: Lumbar ligamentous sprain/strain syndrome. Multiple lumbar disk disease with left lower extremity radicular symptoms; reactionary depression and anxiety; medication-induced gastritis; and right knee internal derangement. Status post left L4-L5 discectomy on 12/06/2012 and subsequent surgery on 06/19/2013. Treatment plan is for patient to follow up with surgeon, continue initial cognitive behavioral sessions and refill of medications. The Utilization Review denied the request on 01/06/2014. The medical file provided for review includes progress reports from 03/25/2013 through 09/06/2013.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Fexmid 7.5mg #60:** Upheld

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

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

**Decision rationale:** The current request is for Fexmid 7.5 mg #60. This patient presents with chronic low back pain and the treating physician states this medication is prescribed for the injured worker's severe muscle spasms. Prior progress reports do not discuss this medication and appears to be an initial request. The MTUS Guidelines page 63 regarding muscle relaxants states, "Recommended non-sedating muscle relaxants with caution as a second line option for short term treatment of acute exacerbations in patients with chronic LBP. Muscle relaxants may be effective in reducing pain and muscle tension and increasing mobility; however, in most LBP cases, they showed no benefit beyond NSAIDs and pain with overall improvement. Efficacy appears to diminish over time, and prolonged use of some medication in this class may lead to dependence." The treating physician has asked for an initial #60 and MTUS support the usage of Fexmid for a short course of therapy, no longer than 2 to 3 weeks. Therefore, the request for Fexmid is not medically necessary.

**Synovacin 500mg #90:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Glucosamine (and Chondroitin Sulfate) Page(s): 50.

**Decision rationale:** Regarding Glucosamine, the MTUS guidelines page 50 has the following, "Recommended as an option given its low risk, in patients with moderate arthritis pain, especially for knee osteoarthritis. Studies have demonstrated a highly significant efficacy for crystalline glucosamine sulphate (GS) on all outcomes, including joint space narrowing, pain, mobility, safety, and response to treatment, but similar studies are lacking for glucosamine hydrochloride." In this case, medical records do not document any arthritic condition. The patient has a diagnosis of knee internal derangement and no mention of arthritis. Therefore, this request is not medically necessary.

**Reglan 10mg #90:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI Symptoms & Cardiovascular Risk Page(s): 68-69. Decision based on Non-MTUS Citation The Food and Drug Administration (FDA) and Non-MTUS Drugs.com

**Decision rationale:** The Food and Drug Administration (FDA) states that Reglan (Metoclopramide) is a prescription used to relieve symptoms of slow stomach emptying in people with diabetes as well as prevent nausea and vomiting post-surgery or chemo, etc. Drugs.com states that "Reglan is used short-term to treat heartburn caused by gastroesophageal reflux in people who have used other medications without relief of symptoms." The MTUS Guidelines page 68 and 69 states that proton-pump inhibitors (PPIs) are recommended with precaution for patients at risk for gastrointestinal (GI) events: (1) Age is greater than 65, (2) History of peptic ulcer disease and GI bleeding or perforation, (3) Concurrent use of ASA or corticosteroid and/or anticoagulant, (4) High dose/multiple non-steroidal anti-inflammatory drugs (NSAIDs). In this case, there is no indication that the patient is taking NSAID to consider the use of this medication. Furthermore, the treating physician provides no discussion regarding GI issues, such as gastritis, ulcers, or reflux that would require the use of this medication. Therefore, the requested for Reglan is not medically necessary.

**Doral 15mg #30:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines Page(s): 24. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

**Decision rationale:** This patient presents with chronic low back pain. The current request is for Doral 15 mg #30. The MTUS Guidelines page 24 states, "Benzodiazepines are not recommended for long-term use because long-term efficacies are unproven and there is a risk of dependence." Benzodiazepines run the risk of dependence and difficulty of weaning per MTUS and Official Disability Guidelines (ODG). Most guidelines limit use to 4 weeks. In this case, the treating physician provides no discussion of why this medication is being prescribed and does not state that it is for short term use. Therefore, this request for Doral is not medically necessary.

**Dendracin topical analgesic cream:** Upheld

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

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

**Decision rationale:** Dendracin lotion is a compound topical cream that includes methyl salicylate 30%, capsaicin 0.025%, and menthol 10%. The MTUS Guidelines page 111 has the following regarding topical creams, "Topical analgesics are largely experimental and used with

few randomized controlled trials to determine efficacy or safety." MTUS further states, "Any compounded product that contains at least 1 drug (or drug class) that is not recommended is not recommended." The patient has utilized this topical cream in the past, as the report dated 7/1/13, listed this medication as a current prescription and a refill was requested. The patient appears to have the indication for the use of topical non-steroidal anti-inflammatory drugs (NSAIDs) and Capsaicin given the patient's knee pain. However, the treating physician does not discuss how this compound product is used and with what efficacy. MTUS page 60 require documentation of pain and function when medication is used for chronic pain. Therefore, this request is not medically necessary.

**Carafate 1000mg #180:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines GI Symptoms & Cardiovascular Risk Page(s): 68-69.

**Decision rationale:** The MTUS Guidelines page 68 and 69 states that medications are recommended with precaution for patients at risk for gastrointestinal (GI) events: Age is greater than 65; history of peptic ulcer disease and GI bleeding or perforation; concurrent use of ASA or corticosteroid and/or anticoagulant; High dose/multiple NSAID. In this case, there is no indication the patient is taking non-steroidal anti-inflammatory drugs (NSAIDs) to consider the use of Carafate. The treating physician does not provide a discussion whether or not the patient presents with GI problems, such as gastritis, ulcer, or reflux, which requires the use of this medication either. Therefore, this request is not medically necessary.