

<b>Case Number:</b>	CM15-0017810		
<b>Date Assigned:</b>	02/05/2015	<b>Date of Injury:</b>	10/13/2008
<b>Decision Date:</b>	04/09/2015	<b>UR Denial Date:</b>	12/31/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/30/2015

### 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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California, Arizona

Certification(s)/Specialty: Physical Medicine & Rehabilitation

### 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 50-year-old female who reported an injury on 10/13/2008. The mechanism of injury was not stated. The current diagnoses include lumbar myoligamentous injury with facet arthropathy, bilateral lower extremity radiculopathy, medication induced gastritis, bilateral knee internal derangement, status post right knee surgery on 03/08/2012, status post PLIF on 09/25/2012, status post left knee arthroscopy on 09/19/2013, reactionary depression with anxiety, and arachnoiditis. The injured worker presented on 12/02/2014 for a follow-up evaluation. The injured worker reported ongoing pain in the low back rated 7/10, as well as increasing pain in the bilateral knees. It was noted that the injured worker had been previously treated with Synvisc injections for the bilateral knees. The current medication regimen includes Norco 10/325 mg, Ultracet, Prilosec 20 mg, Topamax 50 mg, cyclobenzaprine 7.5 mg, Xanax 0.5 mg, Prozac 20 mg, and Klonopin 0.5 mg. Upon examination of the lumbar spine, there was significant tenderness to palpation with increased muscle rigidity, numerous trigger points, decreased range of motion, reproducible pain with facet loading, and positive straight leg raise bilaterally with decreased sensation in the L5-S1 distribution. Examination of the bilateral knees revealed tenderness to palpation along the medial joint line with mild soft tissue swelling and crepitus. Recommendations at that time included continuation of the current medication regimen. The injured worker was also issued a prescription for Doral for insomnia treatment. There was no Request for Authorization Form submitted for review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Retrospective Norco 10/325mg, #120: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids; Weaning of Medications Page(s): 78-80, 91, 124.

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

**Decision rationale:** 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. In this case, the injured worker has continuously utilized the above medication without evidence of objective functional improvement. Previous urine toxicology reports documenting evidence of patient compliance and non-aberrant behavior were not provided. There is also no frequency listed in the request. As such, the request is not medically appropriate.

**Retrospective FexMid 7.5mg, #30: Upheld**

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

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

**Decision rationale:** The California MTUS Guidelines state muscle relaxants are recommended as nonsedating second line options for short-term treatment of acute exacerbations. Cyclobenzaprine should not be used for longer than 2 to 3 weeks. It is noted that the injured worker has continuously utilized cyclobenzaprine 7.5 mg for an unknown duration. Although it is noted that there were trigger points palpated upon examination, as well as muscle rigidity, the California MTUS Guidelines would not support long-term use of muscle relaxants. Additionally, the request as submitted failed to indicate a frequency. Therefore, the request is not medically appropriate at this time.

**Retrospective Doral, #30: Upheld**

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

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

**Decision rationale:** 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. It was noted that the injured worker was also utilizing Xanax and Klonopin. The medical necessity for a third benzodiazepines has not been established. It was also noted that the injured worker was issued a prescription for Doral for insomnia treatment; however, it was also noted that the injured worker responded well to Ambien. There is no strength or frequency listed in the request. Given the above, the request is not medically appropriate.

**Retrospective Ultracet, #60:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 78-80. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain, Opioids.

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

**Decision rationale:** 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. In this case, the injured worker has continuously utilized the above medication without evidence of objective functional improvement. Previous urine toxicology reports documenting evidence of patient compliance and non-aberrant behavior were not provided. There is also no frequency listed in the request. As such, the request is not medically appropriate.