

<b>Case Number:</b>	CM15-0193013		
<b>Date Assigned:</b>	10/07/2015	<b>Date of Injury:</b>	01/20/2011
<b>Decision Date:</b>	11/18/2015	<b>UR Denial Date:</b>	09/23/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/01/2015

### 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: New York, Tennessee  
 Certification(s)/Specialty: Emergency Medicine

### 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 57-year-old male, who sustained an industrial injury on 1-20-11. The injured worker was diagnosed as having lumbar post-laminectomy syndrome, myalgia and myositis, spasm of muscle, chronic pain syndrome, other pain disorders related to psychological factors, pain in joint of multiple sites, and long term use of other medications. Treatment to date has included a transforaminal epidural steroid injection, cognitive behavioral therapy, and medication including OxyContin, Valium, and Oxycodone. Physical examination findings on 9-16-15 included diffuse tenderness to the lumbar spine with limited range of motion due to pain. Antalgic gait and bilateral straight leg raise tests were noted. The injured worker had been taking Oxycodone IR sine at least September 2015. The injured worker had been taking Valium since at least September 2014 and using Mentholatum gel since at least November 2014. The injured worker's pain ratings were not noted in the provided documentation. On 9-16-15, the injured worker complained of back pain. The treating physician requested authorization for OxyIR 15mg #150, Valium 10mg #15, and Mentholatum gel #1. On 9-23-15, the utilization review physician modified the request of OxyIR to certify a quantity of 60. The other requests were non-certified.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**OxyIR 15 mg Qty 150:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids (Classification).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, criteria for use.

**Decision rationale:** OxyIR is an immediate release preparation of the opioid medication Oxycodone. Chronic Pain Medical Treatment Guidelines state that opioids are not recommended as a first line therapy. Opioid should be part of a treatment plan specific for the patient and should follow criteria for use. Criteria for use include establishment of a treatment plan, determination if pain is nociceptive or neuropathic, failure of pain relief with non-opioid analgesics, setting of specific functional goals, and opioid contract with agreement for random drug testing. If analgesia is not obtained, opioids should be discontinued. The patient should be screened for likelihood that he or she could be weaned from the opioids if there is no improvement in pain of function. It is recommended for short-term use if first-line options, such as acetaminophen or NSAIDS have failed. In this case the patient has been receiving opioid medications since at least September 2014 and has not obtained analgesia. In addition there is no documentation that the patient has signed an opioid contract or is participating in urine drug testing. Criteria for long-term opioid use have not been met. The request is not medically necessary.

**Valium 10 mg Qty 15:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Benzodiazepines. Decision based on Non-MTUS Citation Official Disability Guidelines: Weaning - Benzodiazepines.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Benzodiazepines.

**Decision rationale:** Valium is the benzodiazepine medication diazepam. Benzodiazepines are not recommended for long-term use because long-term efficacy is unproven and there is a risk of dependence. Benzodiazepines are a major cause of overdose, particularly as they act synergistically with other drugs such as opioids (mixed overdoses are often a cause of fatalities). Their range of action includes sedative/hypnotic, anxiolytic, anticonvulsant, and muscle relaxant. Chronic benzodiazepines are the treatment of choice in very few conditions. Tolerance to hypnotic effects develops rapidly. Tolerance to anxiolytic effects occurs within months and long-term use may actually increase anxiety. Tolerance to lethal effects does not occur and a maintenance dose may approach a lethal dose as the therapeutic index increases. In this case the patient has been taking Valium since at least September 2014, indicating long-term use. This is not recommended. The request is not medically necessary.

**Mentholatum gel Qty 1:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Topical Analgesics.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Topical Analgesics. Decision based on Non-MTUS Citation Up-To-Date: Camphor and menthol: Drug information, Treatment Guidelines from the Medical Letter, April 1, 2013, Issue 128: Drugs for pain.

**Decision rationale:** Mentholatum gel is a topical preparation containing menthol and camphor. Topical analgesics are recommended for neuropathic pain when anticonvulsants and antidepressants have failed. Compounded topical analgesics are commonly prescribed and there is little to no research to support the use of these compounds. Furthermore, the guidelines state that "Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended." Camphor and menthol are topical skin products that are available over the counter and used for the relief of dry itchy skin. Topical analgesics containing menthol, methylsalicylate or capsaicin are generally well-tolerated, but there have been rare reports of severe skin burns requiring treatment or hospitalization. There is no documentation that the patient has dry itchy skin. Camphor and menthol are not recommended. This medication contains drugs that are not recommended. Therefore the medication cannot be recommended. The request is not medically necessary.