

<b>Case Number:</b>	CM15-0032599		
<b>Date Assigned:</b>	02/26/2015	<b>Date of Injury:</b>	07/19/2000
<b>Decision Date:</b>	04/21/2015	<b>UR Denial Date:</b>	02/04/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/20/2015

### 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: Florida

Certification(s)/Specialty: Neurology, Pain Management

### 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 53 year old female, who sustained an industrial injury on 7/19/2000. Details surrounding the initial injury and prior treatment were not submitted for this review. The diagnoses have included myofascial pain syndrome, fibromyalgia, and lumbago. Past medical history included recurrent staph injections/cellulitis and back surgery. Recent treatment to date has included medication therapy including topical and oral antibiotics, and durable medical equipment including a shoulder chair, power wheelchair and bilateral lower extremity ankle foot orthosis (AFO). Currently, the IW complains of low back pain status post abscess in low back with back pain 4-10/10 VAS. Physical examination from 1/2/2015 documented tenderness at lumbar spine, facet joint, with decreased flexion, extension and decreased lateral bending. The plan of care included continuation of long term use medications. On 2/4/2015 Utilization Review non-certified Bactroban 2% topical with two refills, slow K 8 meq #60, and Lasix 20mg #30 with one refill. The MTUS, ACOEM, and ODG Guidelines were cited, in addition to non-MTUS/ODG guidelines. On 2/20/2015, the injured worker submitted an application for IMR for review of Bactroban 2% topical with two refills, slow K 8 meq #60, and Lasix 20mg #30 with one refill.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Bactroban 2 Percent Topical with 2 Refills: Overturned**

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

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

**Decision rationale:** The medical records provided for review indicate the presence of a skin wound or condition for which bactroban is supported under MTUS guidelines. Bactroban is indicated for the treatment of topical wound infections and to prevent wound infection along incisions from procedures. As the medical records report skin wound receiving dressing changes, the medication is supported

**Lasix 20 MG #30 with 1 Refill: Upheld**

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

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation pda - lasix is diuretic for treatment of fluid overload or peripheral edema.

**Decision rationale:** The medical records provided for review do not indicate a condition of peripheral edema or other condition for which lasix is medically supported. Lasix is recommended under UDG for the treatment of peripheral edema or fluid overload related to CHF. As the medical records do not indicate or document the physical presence of peripheral edema, congestive heart failure, or fluid overload, the medical records do not support the presence of a condition for which Lasix is supported under ODG.

**Methadone 10 MG #360: Upheld**

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

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation official disability guidelines- pain, opioids.

**Decision rationale:** The medical records report ongoing pain that is helped functionally by continued use of opioid. The medical records do not indicate or document any formal opioid risk mitigation tool use or assessment or indicate use of UDS or other risk tool. ODG supports ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Pain assessment should include: current pain; the least reported pain over the period since last assessment; average pain; intensity of pain after taking the opioid; how long it takes for pain relief; and how long pain relief lasts. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life.

Information from family members or other caregivers should be considered in determining the patient's response to treatment. The 4 for Ongoing Monitoring: Four domains have been proposed as most relevant for ongoing monitoring of chronic pain patients on opioids: pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant (or non-adherent) drug-related behaviors. These domains have been summarized as the "4 A's" (analgesia, activities of daily living, adverse side effects, and aberrant drug-taking behaviors). The monitoring of these outcomes over time should affect therapeutic decisions and provide a framework for documentation of the clinical use of these controlled drugs. Given the medical records do not document such ongoing monitoring, the medical records do not support the continued use of opioids such as methadone

**Slow K 8 MEQ #60:** Upheld

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

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

**Decision rationale:** Slow K is supported for condition of low potassium or medication for which slow k is produced and as such supported to supplement. The medical records do not document a history of low serum K or indicate any laboratory testing in support of the insured having low serum K. As the medical records do not support any testing that demonstrates low serum k or demonstrate a medication that produces low k, slow k is not supported as medically necessary.

**Xanax .5 MG #120 with 1 Refill:** Upheld

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

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation official disability guidelines- pain, benzodiazepam.

**Decision rationale:** ODG guidelines support xanax is not recommended for long-term use because long-term efficacy is unproven and there is a risk of psychological and physical dependence or frank addiction. Most guidelines limit use to 4 weeks. 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 (3-14 day). Tolerance to anxiolytic effects occurs within months and long-term use may actually increase anxiety. A more appropriate treatment for anxiety disorder is an antidepressant. The medical records provided for review do not document the presence of an anxiety condition shown to benefit from long term therapy with the requested medication and is not supported under ODG guidelines for use in pain or spasm.