

<b>Case Number:</b>	CM14-0140064		
<b>Date Assigned:</b>	09/08/2014	<b>Date of Injury:</b>	11/27/1996
<b>Decision Date:</b>	10/10/2014	<b>UR Denial Date:</b>	08/12/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/29/2014

### 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 Orthopedic Surgery and is licensed to practice in Texas. 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 California MTUS Guidelines recommend muscle relaxants as a second line option for the short term treatment of acute low back pain. Their use is recommended for less than 3 weeks. The duration of use could not be established through supplied documentation. The request as submitted failed to indicate the frequency for the requested medication. There was a lack of documentation of exceptional factors to warrant nonadherence to guideline recommendations. Given the above, the request for Zanaflex 4mg #60 is not medically necessary.

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **60 capsules of Diphenhydramine Hydrochloride 50 mg: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MedlinePlus - Diphenhydramine

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain chapter, Insomnia Treatments Other Medical Treatment Guideline or Medical Evidence:  
<http://www.rxlist.com/benadryl-drug/warnings-precautions.htm>

**Decision rationale:** The California Medical Treatment Utilization Schedule does not address this request. The Official Disability Guidelines recommend this medication be used to assist with

re-establishment of sleep patterns of insomnia related to chronic pain. The clinical documentation submitted for review does indicate that the patient is taking this medication for complaints of itching. An online resource, Rxlist.com, does indicate that this medication is used as an antihistamine to decrease skin irritation, rash, and itching. The clinical documentation does indicate that the patient complains of itching, rash, and hair loss. The clinical documentation submitted for review does indicate that the patient has been on this medication since at least 02/2014. However, effectiveness of this medication is not reflected in the submitted documentation. There is no documentation of a reduced irritation or itchy skin to support continued use of this medication. As such, the requested 60 capsules of diphenhydramine hydrochloride 50 mg is not medically necessary.

**60 capsules of Terazosin Hydrochloride 5 mg: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Antiepilepsy drugs (AEDs) Page(s): 16.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Diabetes Chapter, Hypertension Treatments

**Decision rationale:** The California Medical Treatment Utilization Schedule does not address this medication. The Official Disability Guidelines do recommend medications in the management of hypertension. However, the requested medication is a second line medication. There is no documentation that the patient has failed to respond to first line treatments. Additionally, there is no documentation that this medication is maintaining the patient's blood pressure. Therefore, the effectiveness of this medication is not established. As such, the requested 60 capsules of Terazosin hydrochloride 5 mg are not medically necessary.

**3 boxes of Lidoderm Patch 5%: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Lidoderm (lidocaine patch) Page(s): 56-57.

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

**Decision rationale:** The California Medical Treatment Utilization Schedule recommends the continued use of this medication be supported by documented functional benefit and evidence of pain relief. The clinical documentation submitted for review does indicate that the patient has been on this medication since at least 02/2014. However, increased function or a quantitative assessment of pain relief was not provided. As such, the requested 3 boxes of Lidoderm patches 5% are not medically necessary or appropriate. Furthermore, the request as it is submitted does not identify a frequency of treatment. In the absence of this information, the appropriateness of the request itself cannot be determined. As such, the requested 3 boxes of Lidoderm patches 5% are not medically necessary.

**120 capsules of Zonegran 100 mg: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Antiepilepsy drugs (AEDs), Page(s): 16.

**Decision rationale:** The California Medical Treatment Utilization Schedule recommends the continued use of anticonvulsants be supported by documentation of at least 30% to 50% pain relief and functional benefit. The clinical documentation submitted for review does indicate that the patient has been on this medication since at least 02/2014. However, the clinical documentation does not provide any evidence of increased functionality or a quantitative assessment of pain relief to support continued use of this medication. As such, the requested 120 capsules of Zonegran 100 mg are not medically necessary or appropriate. Furthermore, the request as it is submitted does not clearly identify a frequency of treatment. In the absence of this information, the appropriateness of the request itself cannot be determined. Therefore, 120 capsules of Zonegran 100 mg are not medically necessary.