

<b>Case Number:</b>	CM14-0145188		
<b>Date Assigned:</b>	09/12/2014	<b>Date of Injury:</b>	04/22/2010
<b>Decision Date:</b>	10/14/2014	<b>UR Denial Date:</b>	08/14/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/08/2014

### 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 Internal Medicine and is licensed to practice in New York. 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 claimant is a 67 yo female who sustained an industrial injury on 02/22/2010. The mechanism of injury was not documented in the submitted medical records. Her diagnoses include low back pain, hip pain, and anxiety. She complains of low back pain and difficulty sleeping. On physical exam there is decreased range of motion of the lumbar spine and the straight leg raise test was positive bilaterally at 5 degrees elevation. There was palpable muscle tenderness along the lumbar spine. Treatment has included medications including topical compounds. The treating provider has requested Acupuncture 3 times a week x 6 weeks, Xanax 1mg #540 with 1 refill, Pain formula Ketamine 75%; Cyclobenzaprine 2.25%; EMLA 3.5%; Lidocaine 1.25%; Amitriptyline 1.25% with 1 refill, and Diclofenac 3.625%; Baclofen 1%; Dexamethasone 0.2% in 37.5.5 Solaraze 3% gel; 360gms with 1 refill.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Acupuncture 3 times a week for 6 weeks:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Acupuncture Treatment Guidelines.

**Decision rationale:** Per the guidelines, acupuncture is used as an option when pain medication is reduced or not tolerated. It may be used as an adjunct to physical rehabilitation and/or surgical intervention to hasten recovery. The MTUS/Acupuncture medical treatment guidelines support acupuncture treatment to begin as an initial treatment of 3-6 sessions over no more than two weeks. If functional improvement is documented as defined by the guidelines further treatment will be considered. In this case the initial request exceeds the guideline recommendations. Medical necessity for the requested service has not been established. The requested service is not medically necessary.

**Xanax 1mg, #540 with 3 refills:** Upheld

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

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

**Decision rationale:** Alprazolam (Xanax) is a short-acting benzodiazepine drug having anxiolytic, sedative, and hypnotic properties. The medication is used in conjunction with antidepressants for the treatment of depression with anxiety, and panic attacks. Per California MTUS Guidelines, benzodiazepines are not recommended for long-term use for the treatment of chronic pain because long-term efficacy is unproven and there is a risk of dependency. Most guidelines limit use to four weeks. The claimant is not maintained on any anti-depressant medication. She would benefit from a mental health evaluation to determine the appropriate medical therapy for her anxiety and sleep issues. Medical necessity for the requested medication, Xanax has not been established. The requested treatment is not medically necessary.

**Pain formula Ketamine 75%; Cyclobenzaprine 2.25%; EMLA 3.5%; Lidocaine 1.25%; Amitriptyline 1.25% with 1 refill:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113.

**Decision rationale:** There is no documentation provided necessitating use of the requested topical medication. Per California MTUS Guidelines topical analgesics are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. These agents are applied topically to painful areas with advantages that include lack of systemic side effects, absence of drug interactions, and no need to titrate. Many agents are compounded as monotherapy or in combination for pain control ( including NSAIDs, opioids, capsaicin, local anesthetics, antidepressants, glutamate receptor antagonists, alpha-adrenergic receptor agonist, adenosine, cannabinoids, cholinergic receptor agonists, y agonists, prostanoids, bradykinin, adenosine triphosphate, biogenic amines, and nerve growth factor) Any compounded product that contains at least one drug ( or drug class) that is not recommended is

not recommended. In this case Cyclobenzaprine and Amitriptyline are not FDA approved for a topical application . Medical necessity for the requested item has not been established. The requested treatment is not medically necessary.

**Diclofenac 3.625%; Baclofen 1%; Dexamethasone 0.2% in 37.5.5 Solaraze 3% gel; 360gms with 1 refill:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113.

**Decision rationale:** There is no documentation provided necessitating use of the requested topical medication. Per California MTUS Guidelines topical analgesics are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. These agents are applied topically to painful areas with advantages that include lack of systemic side effects, absence of drug interactions, and no need to titrate. Many agents are compounded as monotherapy or in combination for pain control ( including NSAIDs, opioids, capsaicin, local anesthetics, antidepressants, glutamate receptor antagonists, alpha-adrenergic receptor agonist, adenosine, cannabinoids, cholinergic receptor agonists, gamma agonists, prostanooids, bradykinin, adenosine triphosphate, biogenic amines, and nerve growth factor) Any compounded product that contains at least one drug ( or drug class) that is not recommended is not recommended. In this case Baclofen is not FDA approved for a topical application . Medical necessity for the requested item has not been established. The requested treatment is not medically necessary.