

<b>Case Number:</b>	CM14-0082524		
<b>Date Assigned:</b>	09/10/2014	<b>Date of Injury:</b>	12/09/2012
<b>Decision Date:</b>	10/23/2014	<b>UR Denial Date:</b>	05/23/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/04/2014

### 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 California. 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 injured worker is a 42-year-old male who sustained an injury on December 09, 2012 while transporting a patient. While attempting to lift the patient the injured worker developed complaints of low back pain. The injured worker was initially treated with physical therapy and chiropractic manipulation. Medications included NSAIDs. The injured worker did receive epidural steroid injections in December of 2013 followed by decompression neuroplasty with bilateral medial branch blocks on February 03, 2014. The injured worker's urine drug screen from November 03, 2014 and May 01, 2014 were negative for all tested substances. The clinical report dated April 07, 2014 noted ongoing pain in the neck and upper extremities regions as well as in the low back and lower extremities. There was tenderness to palpation and loss of range of motion in the cervical and lumbar regions. Medications were recommended to be continued; however, no specifics regarding medications were provided. The injured worker's medications were denied on May 23, 2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Hydrocodone (10/325mg, #60): Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Criteria for Use, Page(s): 88-89.

**Decision rationale:** In regards to the requested medication, the clinical documentation provided for review provides minimal indications for use. The clinical report from April 07, 2014 only indicated that medications should be continued as prescribed by the injured worker's primary care physician. There was no other specific rationale for the continued use of this medication that would support continuing use. As such, the request is not medically necessary.

**Naproxen (550mg, #60): Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs Page(s): 67-68.

**Decision rationale:** In regards to the requested medication, the clinical documentation provided for review provides minimal indications for use. The clinical report from April 07, 2014 only indicated that medications should be continued as prescribed by the injured worker's primary care physician. There was no other specific rationale for the continued use of this medication that would support continuing use. As such, the request is not medically necessary.

**Cyclobenzaprine (10mg, #60): Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants Page(s): 63-67.

**Decision rationale:** In regards to the requested medication, the clinical documentation provided for review provides minimal indications for use. The clinical report from April 07, 2014 only indicated that medications should be continued as prescribed by the injured worker's primary care physician. There was no other specific rationale for the continued use of this medication that would support continuing use. As such, the request is not medically necessary.

**Omeprazole (20mg, #60): Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk, (Proton pump inhibitor).

**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, proton pump inhibitors

**Decision rationale:** In regards to the requested medication, the clinical documentation provided for review provides minimal indications for use. The clinical report from April 07, 2014 only indicated that medications should be continued as prescribed by the injured worker's primary care physician. There was no other specific rationale for the continued use of this medication that would support continuing use. As such, the request is not medically necessary.

**Condrolite (500/200/150mg, #90): Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Glucosamine (and Chondroitin Sulfate).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Glucosamine Page(s): 50.

**Decision rationale:** In regards to the requested medication, the clinical documentation provided for review provides minimal indications for use. The clinical report from April 07, 2014 only indicated that medications should be continued as prescribed by the injured worker's primary care physician. There was no other specific rationale for the continued use of this medication that would support continuing use. As such, the request is not medically necessary.

**Alprazolam (1mg, #30): Upheld**

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

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

**Decision rationale:** In regards to the requested medication, the clinical documentation provided for review provides minimal indications for use. The clinical report from April 07, 2014 only indicated that medications should be continued as prescribed by the injured worker's primary care physician. There was no other specific rationale for the continued use of this medication that would support continuing use. As such, the request is not medically necessary.

**Urine Toxicology Screen: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, screening for risk of addiction (tests) Opioids, steps t. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) - Urine drug screening

**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, Urine Drug Testing

**Decision rationale:** In regards to the requested medication, the clinical documentation provided for review provides minimal indications for use. The clinical report from April 07, 2014 only

indicated that medications should be continued as prescribed by the injured worker's primary care physician. There was no other specific rationale for the continued use of this medication that would support continuing use. As such, the request is not medically necessary.

**Flurbiprofen (20%) and Tramadol (20%) in Mediderm base 30-grams: Upheld**

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

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

**Decision rationale:** In regards to the requested medication, the clinical documentation provided for review provides minimal indications for use. The clinical report from April 07, 2014 only indicated that medications should be continued as prescribed by the injured worker's primary care physician. There was no other specific rationale for the continued use of this medication that would support continuing use. As such, the request is not medically necessary.

**Gabapentin (10%), Dextromethorphan (10%) and Amitriptyline (10%) in Mediderm base 72-hour supply 30-grams: Upheld**

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

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

**Decision rationale:** In regards to the requested medication, the clinical documentation provided for review provides minimal indications for use. The clinical report from April 07, 2014 only indicated that medications should be continued as prescribed by the injured worker's primary care physician. There was no other specific rationale for the continued use of this medication that would support continuing use. As such, the request is not medically necessary.

**Flurbiprofen (20%) and Tramadol (20%) in Mediderm base, 240-grams: Upheld**

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

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

**Decision rationale:** In regards to the requested medication, the clinical documentation provided for review provides minimal indications for use. The clinical report from April 07, 2014 only indicated that medications should be continued as prescribed by the injured worker's primary care physician. There was no other specific rationale for the continued use of this medication that would support continuing use. As such, the request is not medically necessary.

**Gabapentin (10%), Dextromethorphan (10%) and Amitriptyline (10%) in Mediderm base 240-grams: Upheld**

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

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

**Decision rationale:** In regards to the requested medication, the clinical documentation provided for review provides minimal indications for use. The clinical report from April 07, 2014 only indicated that medications should be continued as prescribed by the injured worker's primary care physician. There was no other specific rationale for the continued use of this medication that would support continuing use. As such, the request is not medically necessary.