

<b>Case Number:</b>	CM14-0119310		
<b>Date Assigned:</b>	08/06/2014	<b>Date of Injury:</b>	03/10/2007
<b>Decision Date:</b>	03/10/2015	<b>UR Denial Date:</b>	07/03/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/28/2014

### 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. 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: Pennsylvania, Ohio, California  
 Certification(s)/Specialty: Physical Medicine & Rehabilitation

### CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This is a 52 year old gentleman who sustained a work related injury on 3/10/2007. The mechanism of injury has not been provided with the clinical documentation received. Per the Primary Treating Physician's Progress Report dated 6/02/2014, the injured worker reported low back pain with radiation to the upper back, bilateral shoulder pain associated with numbness and a tingling sensation on the right, bilateral knee pain radiating to the feet associated with tingling sensation, sleep interruption, and difficulty falling asleep. He uses a cane when ambulating. Objective physical examination revealed straightening of the lordotic curve of the lumbar spine and tenderness to palpation over the paralumbar and gluteus muscles bilaterally. Range of motion testing reveals extension of 20 degrees, flexion of 50 degrees and lateral bending 20 degrees bilaterally. Bilateral straight leg raise is at 60 degrees. Right knee inspection reveals a well-healed surgical portais. There is tenderness over the prepatellar area with positive patella ballot-able, patellar tracking retro-patellar crepitus. Range of motion testing reveals flexion of 90 degrees and extension zero degrees. McMurray's test, Apley's test and vagus/varus tests are positive. Inspection of the left knee reveals tenderness over the prepatellar area with positive patellar tracking and retro-patellar crepitus. Range of motion testing reveals flexion of 100 degrees and extension zero degrees. McMurray's and Apley's tests are positive. Diagnoses included chronic knee pain status post arthroscopic surgery with persistent pain, tear - posterior horn and lateral meniscus, history of left knee pain secondary to limping in the right lower extremity, degenerative joint disease and osteoarthritis of the bilateral knees, and chronic sprain/strain lumbar spine. No date has been provided for the arthroscopic surgery. The plan of

care included medication management, possible bilateral total knee replacements in the future, hinged knee braces, ace wrap, lumbar brace, and home exercises. Disability status is permanent and stationary. On 7/03/2014, Utilization Review non-certified prescriptions for Xanax 0.5mg #30 3 refills, Neurontin 300mg #60 3 refills, Dendracin Lotion 120ml #1 and Norco 10/325 #60 3 refills based on lack of documented functional improvement and medical necessity. The CA MTUS Chronic Pain Medical Treatment Guidelines were cited.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**Xanax 0.5mg #30 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 Benzodiazepines Page(s): 24.

**Decision rationale:** MTUS does not recommend benzodiazepines for long-term use. Guidelines do not demonstrate efficacy of this medication for long-term use and document a significant risk of dependence. The records do not document an alternate rationale to support an indication for or benefit from this drug class for long-term use. Thus this request is not medically necessary.

**Neurontin 300mg #60 3 refills:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Anti-Epilepsy Drugs (AEDs) Page(s): 18-19.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Anti-epilepsy drugs/Neurontin Page(s): 18.

**Decision rationale:** MTUS recommends Neurontin as first-line treatment for neuropathic pain. However, the records in this case do not clearly document an underlying neuropathic diagnosis. Therefore an indication for this medication is not apparent. The request is not medically necessary.

**Dendracin Lotion 120ml #1:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 105, 111.

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

**Decision rationale:** MTUS states that topical analgesics in general are largely experimental in nature and that use of compounded agents requires knowledge of the specific proposed analgesic effect of each ingredient/agent and how this would be useful for the specific therapeutic goal required. The records in this case do not provide such a rationale for the requested topical agent. This request is not medically necessary.

**Norco 10/325 #60 3 refills:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 78-80.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids/Ongoing Management and Opioids for Chronic Pain Page(s): 78 and 80.

**Decision rationale:** MTUS discusses in detail the 4 As of opioid management, emphasizing the importance of dose titration vs. functional improvement and documentation of objective, verifiable functional benefit to support an indication for ongoing opioid use. MTUS also discourages the use of chronic opioids for back pain due to probable lack of efficacy. The records in this case do not meet these 4As of opioid management and do not provide a rationale or diagnosis overall for which ongoing opioid use is supported. Therefore this request is not medically necessary.