

<b>Case Number:</b>	CM14-0146243		
<b>Date Assigned:</b>	09/12/2014	<b>Date of Injury:</b>	03/14/2003
<b>Decision Date:</b>	05/01/2015	<b>UR Denial Date:</b>	09/05/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/09/2014

### 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: Texas, New York, California  
 Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

### 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 applicant is a represented 65-year-old [REDACTED] employee who has filed a claim for chronic pain syndrome reportedly associated with an industrial injury of March 14, 2003. In a Utilization Review Report dated December 5, 2014, the claims administrator failed to approve request for Xanax, Norflex, Norco, a topical compounded cream, and a urine drug screen. A July 22, 2014 progress note and August 22, 2014 RFA form were referenced in the determination. The applicant's attorney subsequently appealed. In a July 22, 2014 progress note, the applicant reported ongoing complaints of low back pain radiating to the right leg. The applicant was not working and receiving both worker's compensation indemnity benefit and Social Security Disability Insurance (SSDI) benefits, it was acknowledged. The applicant was using and/or given refills of a variety of medications, including Xanax for insomnia, Norflex for reported spasms, Norco for pain, and topical compounded medications. Additionally, the applicant stated that Ambien alone was insufficient to combat issues with insomnia. The attending provider therefore suggested that the applicant employ Xanax in combination with Ambien. Topical compounded cream and urine drug testing were endorsed while the applicant was placed on "permanently and totally disability."

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Xanax 1mg #60 for sleep: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 402.

**Decision rationale:** No, the request for Xanax, a benzodiazepine anxiolytic, was not medically necessary, medically appropriate or indicated here. While the MTUS Guidelines in ACOEM Chapter 15, page 402 does acknowledge that anxiolytic, such as Xanax, may be appropriate for "brief periods," in cases of overwhelming symptoms. In this case, however, the attending provider seemingly stated on July 26, 2014 that he intended for the applicant to employ Xanax for chronic, long term, and/or nightly use purposes, for sedative effect. This is not an ACOEM-endorsed role for Xanax. Therefore, the request was not medically necessary.

**Norflex 100mg #60 for spasm: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines and Muscle Relaxants (for pain).

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

**Decision rationale:** Similarly, the request for Norflex, an antispasmodic, was likewise not medically necessary, medically appropriate or indicated here. While page 63 of the MTUS Chronic Pain Medical Treatment Guidelines does acknowledge that muscle relaxants such as Norflex are recommended for short-term use purposes, to combat acute exacerbations of chronic low back pain, here, however, the 60-tablet supply of Norflex in question represented chronic, long-term, and/or daily usage of the same. Such usage, however, is incompatible with the short-term role for which muscles relaxants are espoused, per page 63 of the MTUS Chronic Pain Medical Treatment Guidelines. Therefore, the request was not medically necessary.

**Norco 10/325mg #60 for pain: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines; Criteria for the use of Opioids; On-Going Management; When to Discontinue Opioids.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 7) When to Continue Opioids Page(s): 80.

**Decision rationale:** The request for Norco, a short-acting opioid, was likewise not medically necessary, medically appropriate or indicated here. As noted on page 80 of the MTUS Chronic Pain Medical Treatment Guidelines, the cardinal criteria for continuation of opioid therapy include evidence of successful return to work, improved functioning, and/or reduced pain

achieved because of the same. Here, however, the applicant was off work, receiving permanent disability benefits, the treating provider acknowledged in his July 22, 2014 progress note. The applicant was receiving both Social Security Disability Insurance (SSDI) and worker's compensation indemnity benefits, the treating provider acknowledged. The attending provider likewise failed to outline any meaningful or material improvements in function or quantifiable decrements in pain affected because of ongoing opioid therapy (if any). Therefore, the request was not medically necessary.

**Ketoprofen, Gabapentin and Tramadol topical CMPD cream: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-112.

**Decision rationale:** The ketoprofen-gabapentin-tramadol topical compounded cream was likewise not medically necessary, medically appropriate, or indicated here. As noted on page 112 of the MTUS Chronic Pain Medical Treatment Guidelines, ketoprofen, the primary ingredient in the compound, is not recommended for topical compound formulation purposes. Since one or more ingredients in the compound are not recommended, the entire compound is not recommended, per page 111 of the MTUS Chronic Pain Medical Treatment Guidelines. Therefore, the request was not medically necessary.

**Urine tox screen: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines; Opioids, screening for risk of addiction (tests); Opioids, steps to avoid misuse/addiction Page(s): 90 -91. Decision based on Non-MTUS Citation ODG, Pain Chapter; Urine drug testing (UDT).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Drug testing Page(s): 43. Decision based on Non-MTUS Citation ODG Integrated Treatment/Disability Duration Guidelines Pain (Chronic), Urine drug testing (UDT).

**Decision rationale:** Finally, the urine toxicology screen was likewise not medically necessary, medically appropriate or indicated here. While page 43 of the MTUS Chronic Pain Medical Treatment Guidelines does support intermittent drug testing in the chronic pain population, the MTUS does not establish specific parameters for or identify a frequency with which to perform drug testing. ODG's Chronic Pain Chapter Urine Drug Testing Topic, however, notes that an attending provider should attach an applicant's complete medication list to the request for authorization for testing. Should eschew confirmatory and/or quantitative testing outside of the emergency department drug overdose context, and should clearly state which drug tests and/or drug panels he intends to test for. Should attempt to categorize the applicant's into higher- or lower-risk categories for which more or less frequent drug testing would be indicated, and should clearly state when the applicant was last tested. Here, however, it was not stated when the

applicant was last tested. The attending provider did not signal its attention to eschew confirmatory and/or quantitative testing here. The attending provider did not classify the applicant as a higher or lower risk individual for whom more or less frequent drug testing would be indicated. Since several ODG criteria for pursuit of drug testing were not met, the request was not medically necessary.