

<b>Case Number:</b>	CM14-0166323		
<b>Date Assigned:</b>	10/28/2014	<b>Date of Injury:</b>	11/12/2005
<b>Decision Date:</b>	03/23/2015	<b>UR Denial Date:</b>	09/25/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/09/2014

### 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: 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:

The injured workers is a 74-year-old man who sustained a work injury on 11/12/05. Accepted injuries are the left elbow, both knees low back and both hips. Treatment diagnoses include depression and back pain. It is noted that tramadol 50 mg every 4 hours as needed and Voltaren 75 mg twice daily both with 3 refills are prescribed for back pain which improves pain to a 5/10 level. Citalopram 20 mg daily and melatonin 3 mg at bedtime are being prescribed for depression and sleep respectively. Benazepril 5 mg and chlorothiazide 500 mg are being prescribed for hypertension. Crestor 10 mg is being prescribed for hyperlipidemia. Lidoderm 5% is being prescribed for low back pain. Over-the-counter ibuprofen is recommended as needed for pain. On 10/21/14 the following medications were requested for refills: Lidoderm 5%, ibuprofen 200 mg, citalopram 20 mg, tramadol 50 mg, melatonin 3 mg, benazepril 5 mg, chlorothiazide 1000 mg, Voltaren 75 mg, Pravachol 40 mg and Crestor 10 mg. Provided physical exam documentation is significant for painful lumbar range of motion, normal sensation and no tenderness of the spine or SI joints.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Lidoderm Film 5%:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 56-57, 112.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-127.

**Decision rationale:** The injured worker is treated for non-specific low back pain. Lidoderm 5% reportedly helps with pain control leading to improved mobility. MTUS guidelines recommend Lidoderm for neuropathic pain and localized peripheral pain after a trial of first-line therapy has been tried. It is not recommended for non-neuropathic pain as it has shown no superiority of placebo. The treating provider's documentation does not provide evidence of a neuropathic component of back pain such as with the use of the Neuropathic Pain Scale or supportive physical examination findings consistent with neuropathic pain. Therefore the request is not medically necessary.

**Over the counter (OTC) (Advil/Motrin/Ibuprofen 200mg): Upheld**

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

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

**Decision rationale:** MTUS guidelines indicate that NSAIDs are recommended short-term symptomatic relief of low back pain. Request as written does not specify a duration of treatment. Request for ibuprofen is therefore not medically necessary.

**Citalopram 20mg: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 13-16.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines SSRIs Page(s): 107.

**Decision rationale:** MTUS guidelines recommends SSRIs as possible treatment for secondary depression in chronic pain. The injured worker is being treated for the diagnosis of major depression which is controlled. However, the request does not contain a quantity or duration of use. The request as written is therefore not medically necessary.

**Tramadol 50mg: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 93-94, 113.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines opioids specific drug list Page(s): 93-94.

**Decision rationale:** The injured worker is being treated with tramadol for chronic back pain. MTUS guidelines recommends regular follow-ups for patients receiving opioid therapy. Request for tramadol 50 mg without a specified details of quantity and duration, would not allow for adequate review and documentation of continued pain relief, functional status and appropriate medication use. Request as written is not medically necessary.

**Melatonin 3mg:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

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

**Decision rationale:** Melatonin 3 mg is being prescribed for insomnia secondary to depression and sleep apnea. ODG guidelines indicate that melatonin is recommended for insomnia treatment for short-term use only (7-10 days). Documentation notes improvement with melatonin but fails to address any component of the sleep impairment such as sleep quality, sleep onset or sleep maintenance that may support continued use. There is a lack of specific documentation supporting effectiveness and specified details of quantity and duration. The request is therefore not medically necessary.

**Benazepril 5mg:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Medscape, benazepril

**Decision rationale:** Benazepril 5 mg daily is being prescribed for hypertension. Previous request had been denied stating lack of quantity in request. The patient is being prescribed a combination of benazepril and hydrochlorothiazide for blood pressure control. Records provided indicate controlled blood pressure. The cited reference indicate that benazepril 5 mg daily is recommended for patients with hypertension taking a diuretic. However, the request does not contain a quantity or duration of use. Therefore, the request as written is not medically necessary.

**Chlorothiazide 500mg:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Medscape, chlorothiazide

**Decision rationale:** Chlorothiazide 500 mg daily are being prescribed for hypertension. Previous request had been denied stating lack of quantity in request. The patient is being prescribed a combination of benazepril and hydrochlorothiazide for blood pressure control. Records provided indicate controlled blood pressure. The cited reference indicate that chlorothiazide daily is recommended for patients with hypertension. However, the request does not contain a quantity or duration of use. Therefore, the request as written is not medically necessary.

**Voltaren enteric coated:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 71.

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

**Decision rationale:** The injured worker is being treated with tramadol for chronic back pain. MTUS guidelines indicate that NSAIDs are recommended for short-term symptomatic relief of low back pain. The request does not specify a quantity or duration of treatment. Request as written is therefore not medically necessary.

**Pravachol 40mg:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Medscape, pravastatin

**Decision rationale:** Pravachol 40mg is being prescribed for hyperlipidemia. Previous request had been denied stating lack of quantity in request. Provided documentation indicates a history of hyperlipidemia and no medication side effects. However, the request does not contain a quantity or duration of use. Therefore, the request as written is not medically necessary.

**Crestor 10mg:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Medscape, rosuvastatin

**Decision rationale:** Crestor10mg are being prescribed for hyperlipidemia. Previous request had been denied stating lack of quantity in request. Cited guidelines indicate that Crestor 10mg is indicated for hyperlipidemia. Provided documentation indicates a history of hyperlipidemia and no medication side effects. However, the request does not contain a quantity or duration of use. Therefore, the request as written is not medically necessary.