

<b>Case Number:</b>	CM14-0212652		
<b>Date Assigned:</b>	12/30/2014	<b>Date of Injury:</b>	02/10/2002
<b>Decision Date:</b>	02/27/2015	<b>UR Denial Date:</b>	11/21/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/18/2014

### 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 & Rehabn

### 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 patient is a 62 year old male with an injury date of 02/10/02. Per the 11/14/14 report the patient presents with continuing back pain rated 3/10 with medications and 10/10 without. The patient also complains of mood changes and lower extremity edema. The patient is retired. Examination shows complete bilateral paraspinal muscle spasm noted, and tenderness to palpation L1-5. There is decreased sensation to light touch in the bilateral lower extremities along with erythema over the groin, scrotum and lower abdomen. The patient's diagnoses include: 1. Displacement of lumbar intervertebral disc without myelopathy 2. Neuralgia, neuritis and radiculitis unspecified 3. Spinal stenosis of lumbar region 4. Depressive disorder 5. Other testicular hypofunction (10/03/14 report). Previous medical history shows: h/p back, s/p appendectomy, s/p back X 4, and TET: > 10 years. The patient received a testosterone injection 11/14/14. Medications are listed as Duragesic transdermal film, Norco, Effexor XR, Nystatin, Odansetron and Triazolam. The utilization review dated 11/21/14 denied the request for Nystatin as there is no documentation of a fungal infection requiring the use of the medication. Reports were provided for review from 04/25/14 to 11/14/14.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Triazolam 0.25mg #30 x 2 refills:** 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:** The patient presents with continuing back pain rated 3/10 with medications and 10/10 without along with mood changes and lower extremity edema. The current request is for Triazolam 0.25mg #30 x 2 refills (a Benzodiazepine) per the 11/14/14 RFA. The 11/21/14 utilization review modified this request from 2 refills to 0 refills. MTUS, Benzodiazepines, page 24 states, "Not recommended for long-term use because long-term efficacy is unproven and there is a risk of dependence. Most guidelines limit use to 4 weeks. Their range of action includes sedative/hypnotic, anxiolytic, anticonvulsant, and muscle relaxant. Chronic benzodiazepines are the treatment of choice in very few conditions. Tolerance to hypnotic effects develops rapidly." The reports provided show the patient has been prescribed this medication since at least 04/25/14. Recent reports do not discuss the intended use of the medication. In this case, the MTUS recommends short term use limited to 4 weeks. No discussion is provided as to why chronic Benzodiazepine use is needed outside guidelines. In this case, the request is not medically necessary.

**Nystatin 100,000 units #30 x 2 refills:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation US National Library of Medicine

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Medication for chronic pain Page(s): 60. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: National Institutes of Health, National Library of medicine <http://www.nlm.nih.gov/medlineplus/druginfo/meds/a682758.html>.

**Decision rationale:** The patient presents with continuing back pain rated 3/10 with medications and 10/10 without along with mood changes and lower extremity edema. The current request is for Nystatin 100,000 units #30 x 2 refills per the 11/14/14 RFA. National Institutes of Health, National Library of medicine states that Nystatin is used to treat fungal infections of the skin, mouth, vagina and intestinal tract. It also mentions use of Nystatin powder for infected feet, for skin care and with incontinence and diaper rash. <http://www.nlm.nih.gov/medlineplus/druginfo/meds/a682758.html> MTUS and ODG do not address anti-fungal medications. Other guidelines used: Current therapy of dermatophytosis. <http://www.ncbi.nlm.nih.gov/pubmed/8077504> which states, "In the past dermatophytes were treated with topical agents or, in the case of more recalcitrant or extensive disease, with oral antifungals (griseofulvin or ketoconazole). Topical therapies may be effective in many cases, but they have limitations." The 07/24/14 report states, "The patient also does appear to have an ongoing dermatophytosis of the body, likely it is secondary to diaphoresis caused by fentanyl. I'm giving him a short course of Lamisial and Nystatin powder to get this under control." The reports do show the patient is prescribed Fentanyl/Duragesic transdermal film. It is appears the

patient started this medication 07/24/14. However, the two subsequent reports provided dated 10/03/14 and 11/14/14 do not discuss the effectiveness of this medication and the treater does not state why the short course recommenced on 07/24/14 is no longer adequate. The MTUS guidelines on page 60 require that the physician record pain and function when medications are used for chronic pain. The request is not medically necessary.

**Norco 12.5/550mg #270:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Criteria For Use Of Opioids, Medication for chronic pain Page(s): 88-89, 76-78; 60-61.

**Decision rationale:** The patient presents with continuing back pain rated 3/10 with medications and 10/10 without along with mood changes and lower extremity edema. The current request is for Norco 12.5/550mg #270 (Hydrocodone, an opioid) per the 11/14/14 RFA. The 11/21/14 utilization review modified this request from #270 to # 150. MTUS Guidelines pages 88 and 89 states, "Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." MTUS page 78 also requires documentation of the 4As (analgesia, ADLs, adverse side effects, and adverse behavior), as well as "pain assessment" or outcome measures that include current pain, average pain, least pain, intensity of pain after taking the opioid, time it takes for medication to work and duration of pain relief. The reports provided show that the patient has been prescribed Norco since at least 04/25/14. The treater states that the patient's medications improve pain and functional improvement. Pain is routinely assessed through the use of pain scales and show pain with medications is 3-4/10 and without is 7-10/10 from 04/25/14 to 11/14/14. The treater states on 11/14/14 that medications have provided functional improvement by allowing him to sit stand and walk for periods longer than 15 minutes. However, it is not stated how much medications actually improve this function. ADL's are not documented. No specific ADL's are mentioned to show a significant change with use of this medication. Opiate management issues are addressed. Discussion with the patient is mentioned regarding potential, risks, benefits and side effects of medication. The treater documents UDS's and states they are consistent. Urine toxicology reports from 04/29/14 and 07/29/14 are included. However, aberrant behavior is not discussed and no outcome measures are provided. In this case, ADL's are not sufficiently documented to support long-term opioid use as required by MTUS. The request is not medically necessary.