

<b>Case Number:</b>	CM15-0011820		
<b>Date Assigned:</b>	01/29/2015	<b>Date of Injury:</b>	10/06/1994
<b>Decision Date:</b>	03/26/2015	<b>UR Denial Date:</b>	01/06/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/20/2015

### 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, New York, Florida

Certification(s)/Specialty: Internal Medicine, Pulmonary Disease, Critical Care 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 injured worker is a 68-year-old female who reported an injury on 10/06/1994. The mechanism of injury was a slip and fall. The injured worker underwent a lumbar fusion at L4-5 in 1996. The injured worker was noted to receive prior treatments, including a thoracic medial branch block and a lumbar medial branch block, as well as 6 sessions of physical therapy. The injured worker was noted to be treated with Xanax since 1994. The injured worker underwent urine drug screens. There was a Request for Authorization submitted for review dated 12/05/2014. The documentation of 12/05/2014 revealed the injured worker had shoulder pain, leg pain, and low back pain. The documentation indicated the injured worker trialed diclofenac patches after the last visit and they allowed her to sleep better. The injured worker was noted to have done well with a decrease of Xanax to 0.5 mg 3 times a day from 1 mg 4 times a day. The physical examination revealed the injured worker was well developed and in no apparent distress. The gait was normal and station was normal. The last urine drug screen was dated 08/14/2014 and was appropriate. The injured worker was noted to be CURES appropriate. The diagnoses included postlaminectomy lumbar, lumbar spondylosis, anxiety disorder in conditions classified elsewhere, lumbar or thoracic radiculopathy, thoracic spondylosis, and myofascial pain syndrome. The treatment plan included refill of Xanax 0.5 mg 1 by mouth 3 times a day #90 with 1 refill and a trail of diclofenac patches 1.3% to low back 1 to 2 patches every 12 hours on and 12 hours off with 1 refill. The injured worker was utilizing cognitive behavioral therapy.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Diclofenac patches 1.3% #60: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics, Non-Steroidal Antiinflammatory Agents (NSAIDs). Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Chapter, Updated 11/21/2014, Flector Patches

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

**Decision rationale:** The California Medical Treatment Utilization Schedule guidelines indicates that topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety, topical analgesics are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. The guidelines also indicate that Topical NSAIDs have been shown in meta-analysis to be superior to placebo during the first 2 weeks of treatment for osteoarthritis, but either not afterward, or with a diminishing effect over another 2-week period. When investigated specifically for osteoarthritis of the knee, topical NSAIDs have been shown to be superior to placebo for 4 to 12 weeks. These medications may be useful for chronic musculoskeletal pain, but there are no long-term studies of their effectiveness or safety. Indications: Osteoarthritis and tendinitis, in particular, that of the knee and elbow or other joints that are amenable to topical treatment: Recommended for short-term use (4-12 weeks). There is little evidence to utilize topical NSAIDs for treatment of osteoarthritis of the spine, hip or shoulder. Neuropathic pain: Not recommended as there is no evidence to support use. The clinical documentation submitted for review failed to indicate the injured worker had a trial and failure of antidepressants and anticonvulsants. The request as submitted failed to indicate the frequency and body part to be treated with the medication. Given the above, and the lack of documentation of exceptional factors, the request for diclofenac patches 1.3% #60 is not medically necessary.

**Xanax 0.5mg #90: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines and Weaning of Medications Page(s): 24, 124.

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

**Decision rationale:** The California Medical Treatment Utilization Schedule Guidelines do not recommend the use of benzodiazepines for long term for chronic pain. They are recommended for no longer than 4 weeks due to a high risk of psychological and physiological dependence. The clinical documentation submitted for review indicated the injured worker had utilized the medication since the date of injury. There was a lack of documentation of objective functional benefit and exceptional factors. The request as submitted failed to indicate the frequency for the

requested medication. Given the above, the request for Xanax 0.5 mg #90 is not medically necessary.