

<b>Case Number:</b>	CM13-0010783		
<b>Date Assigned:</b>	10/23/2014	<b>Date of Injury:</b>	06/30/2010
<b>Decision Date:</b>	12/24/2014	<b>UR Denial Date:</b>	08/05/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/14/2013

### 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. The expert reviewer is Board Certified in Internal Medicine and is licensed to practice in New York. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### 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 claimant is a 60 y/o male who sustained an industrial injury on 06/30/2012. The mechanism of injury was not provided for review. His diagnoses include neck pain- s/p anterior cervical discectomy and fusion, low back pain with radiculopathy, bilateral wrist pain, and bilateral shoulder impingement. He continues to complain of neck and low back pain. On physical exam there is tenderness of the cervical and lumbar paraspinal muscles with restricted range of motion. Motor and sensory exams are normal. Treatment in addition to surgery has included medical therapy with narcotics. The treating provider has requested Butrans 5mcg/hr, 7 days # 4 with 3 refills, Hydrocodone 10/325mg, 1-3 Tablets per day as needed, 60 day supply, Of Vitamin D 500mg, per day, #180 day supply, Metaxalone 800mg, 2-3 times per day as needed, #90/30 day supply, and of Xanax 0.5mg, 1-3 Tablets per day as needed, 60 day supply.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Prescription of Butrans 5mcg/Hr, 7 Days, #4 With 3 refills:** Upheld

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

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

**Decision rationale:** It is a mixed agonist-antagonist opioid receptor modulator that is used to treat opioid addiction in higher dosages, to control moderate acute pain in non-opioid-tolerant individuals in lower dosages and to control moderate chronic pain in even smaller doses. The documentation indicates the enrollee has been treated with opioid therapy with Butrans and Hydrocodone for pain control. The treatment of chronic pain with any opioid agent requires review and documentation of pain relief, functional status, appropriate medication use, and side effects. Pain assessment should include current pain: last reported pain over the period since last assessment; average pain; intensity of pain after taking the opioid, and the duration of pain relief. Per the medical documentation there has been no documentation of the medication's pain relief effectiveness and no clear documentation that he has responded to ongoing opioid therapy. According to the California MTUS Guidelines there has to be certain criteria followed including an ongoing review and documentation of pain relief and functional status. This does not appear to have occurred with this patient. The patient has continued pain despite the use of long and short acting opioid medications. Medical necessity for the requested item has not been established. The requested treatment is not medically necessary.

**Prescription of Hydrocodone 10/325mg, 1-3 Tablets per day as needed, 60 day supply:**  
Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines OPIOIDS (HYDROCODONE),.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 91-97.

**Decision rationale:** The documentation indicates the enrollee has been treated with opioid therapy with Hydrocodone for pain control. Per California MTUS Guidelines, short-acting opioids such as Hydrocodone are seen as an effective method in controlling chronic pain. They are often used for intermittent or breakthrough pain. The treatment of chronic pain with any opioid agent requires review and documentation of pain relief, functional status, appropriate medication use, and side effects. Pain assessment should include current pain: last reported pain over the period since last assessment; average pain; intensity of pain after taking the opioid, and the duration of pain relief. Per the medical documentation there has been no documentation of the medication's pain relief effectiveness and no clear documentation that he has responded to ongoing opioid therapy. According to the California MTUS Guidelines there has to be certain criteria followed including an ongoing review and documentation of pain relief and functional status. This does not appear to have occurred with this patient. The patient has continued pain despite the use of short acting opioid medications. Medical necessity for Hydrocodone 10/325 has not been established. The requested treatment is not medically necessary.

**Prescription of Vitamin D 500mg, Per Day, #180 Day Supply:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Medical Treatment Guideline or Medical Evidence: Medscape Internal Medicine 2013: Vitamin D

**Decision rationale:** Vitamin D deficiency is common in all age groups. Even young children and young and middle-aged adults are at significantly increased risk of vitamin D deficiency. This is in part due to the fact that there is very little vitamin D in the diet, and increased use of sunscreens and diminished outdoor activity also contribute to this problem. More than 90% of the human vitamin D requirement comes from casual exposure to sunlight. Wearing a sunscreen with an SPF of 8 reduces the ability of the skin to produce vitamin D by 95%. Thus, judicious exposure to sunlight typically no more than 5 to 15 minutes per day (depending on latitude, time of day and degree of skin pigmentation) of arms and legs or hands, face, and arms two to three times per week during the spring, summer, and fall in latitudes above 37 and throughout the year below 37 is all that is required to satisfy the body's requirement. A yearly measurement of 25(OH) during the annual physical examination is prudent not only to maximize bone health but also to prevent many chronic diseases that are linked with vitamin D deficiency. There is no documentation of any Vitamin D level or any specific indication for the requested dose for supplementation. Medical necessity for the requested item has not been established. The requested item is not medically necessary.

**Prescription of Metaxalone 800mg, 2-3 Times per day as needed, #90/30 Day Supply:**  
Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 41.

**Decision rationale:** Per the reviewed literature, muscle relaxants are not recommended for the long-term treatment of neck and low back pain. They have their greatest effect in the first four days of treatment. The documentation does not indicate there are palpable muscle spasms and there is no documentation of functional improvement from any previous use of this medication. Per CA MTUS Guidelines muscle relaxants are not considered any more effective than non-steroidal anti-inflammatory medications alone. Based on the currently available information, the medical necessity for the requested item has not been established. The requested item is not medically necessary.

**Prescription of Xanax 0.5mg, 1-3 Tablets per day as needed, 60 Day Supply:** Upheld

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

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

**Decision rationale:** Alprazolam (Xanax) is a short-acting benzodiazepine drug having anxiolytic, sedative, and hypnotic properties. The medication is used in conjunction with antidepressants for the treatment of depression with anxiety, and panic attacks. Per California MTUS Guidelines, benzodiazepines are not recommended for long-term use for the treatment of chronic pain because long-term efficacy is unproven and there is a risk of dependency. Most guidelines limit use to four weeks. The claimant is not maintained on any anti-depressant medication. Medical necessity for the requested medication, Xanax has not been established. The requested treatment is not medically necessary.