

<b>Case Number:</b>	CM13-0049122		
<b>Date Assigned:</b>	04/07/2014	<b>Date of Injury:</b>	03/18/1992
<b>Decision Date:</b>	06/30/2014	<b>UR Denial Date:</b>	10/25/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/07/2013

### 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 Physical Medicine and Rehabilitation, has a subspecialty in Interventional Spine and is licensed to practice in California. 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 patient is a 76 year old male with an injury date of 03/18/92. Based on the 09/09/13 progress report provided by [REDACTED], the patient has diabetes mellitus, checking feet, medication issues (he is not using properly), and skin lesions. The skin lesions are severe and occur continuously on the upper right lip. The lesions are growing, have irregular edges, and are ulcerated. He also has lesions on the back of his right calf.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**OXYCONTIN CR 60MG #60:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: CHRONIC PAIN MEDICAL TREATMENT GUIDELINES, OPIOIDS, 80,124

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines CRITERIA FOR USE OF OPIOIDS (MTUS Page(s): 88-89.

**Decision rationale:** According to the 09/09/13 report by [REDACTED], the patient presents with diabetes mellitus, checking feet, medication issues (he is not using properly), and skin lesions on his upper right lip and on the back of his right calf. The request is for Oxycontin CR 60 mg #60.

The first earliest progress provided from 05/02/13 indicates that the patient has already been taking Oxycontin; however, it is unknown when the patient began taking this medication. MTUS Guidelines, pages 88 and 89, states, under long-term uses of opioids, document pain and functional improvement and compare to baseline. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. Pain should be assessed at each visit and "functioning should be measured at 6-month intervals using a numerical scale or validated instrument." Furthermore, under outcome measures, it states that pain assessments that allow for evaluation of the efficacy of opioids and whether their use should be maintained include the following "current pain, last reported pain over the period since last assessment, average pain, intensity of pain after taking the opioid, how long it takes for pain relief, and how long pain relief lasts." There were no numerical assessments provided of the patient's function and pain. Given that the treating physician has not satisfied the required documentations per MTUS Guidelines, the request is not medically necessary.

**ALPRAZOLAM 0.5MG #90:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: CHRONIC PAIN MEDICAL TREATMENT GUIDLINES, BENZODIAZEPINES/OPIOIDS, 24,124

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines not recommended for long-term use because long-term efficacy is unproven and the.

**Decision rationale:** According to the 09/09/13 report by [REDACTED], the patient presents with diabetes mellitus, checking feet, medication issues (he is not using properly), and skin lesions on his upper right lip and on the back of his right calf. The request is for Alprazolam 0.5 mg #90. The MTUS Guidelines page 24 state, "Benzodiazepines are 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." MTUS Guidelines are clear on long-term use of benzodiazepines. It recommends maximum use of 4 weeks due to "unproven efficacy and risk of dependence". In this case, review of records dating from 05/02/2013 to 09/09/2013 indicates this patient has been on Alprazolam since 05/02/13. There is no discussion regarding what the goals are for the use of this risky medication including an end point. Only short-term use of this medication is recommended for this medication. The request is not medically necessary.