

<b>Case Number:</b>	CM13-0050582		
<b>Date Assigned:</b>	04/09/2014	<b>Date of Injury:</b>	01/13/2013
<b>Decision Date:</b>	05/23/2014	<b>UR Denial Date:</b>	10/29/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/14/2013

### 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 Physical Medicine and Rehabilitation 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:

This 54 year-old patient sustained an injury on 1/13/03 while employed by [REDACTED]. Requests under consideration include Oxycodone 30mg #180, Soma 350mg #150, Valium 5mg #30, And Xanax 1mg #30. Diagnoses include failed back syndrome, lumbar fibromyalgia/myositis; cervical radiculopathy; and lumbar radiculopathy. Report of 10/15/13 from the provider noted the patient with persistent low back complaints with moderate distress. Exam showed bilateral spasms noted in the paraspinal muscles; flexion and extension at 40 degrees with pain; lumbar spine stiff; lumbar facet with pain at bilateral L3-S1; positive SLR bilaterally, gait antalgic; right sided trochanteric bursitis on lumbar flexion/extension. Treatment plan included pool therapy and multiple medications above. On 10/29/13, the Oxycodone request was modified from quantity of #180 to #58 while the Soma, Valium and Xanax were non-certified citing guidelines criteria and lack of medical necessity.

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **OXYCODONE 30MG #180: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, On-Going Management. Page(s): 74-96.

**Decision rationale:** Chronic Pain Medical Treatment Guidelines cited opioid use in the setting of chronic, non-malignant, or neuropathic pain is controversial. Patients on opioids should be routinely monitored for signs of impairment and use of opioids in patients with chronic pain should be reserved for those with improved functional outcomes attributable to their use, in the context of an overall approach to pain management that also includes non-opioid analgesics, adjuvant therapies, psychological support, and active treatments (e.g., exercise). Submitted documents show no evidence that the treating physician is prescribing opioids in accordance to change in pain relief, functional goals with demonstrated improvement in daily activities, decreased in medical utilization or change in work status. There is no evidence presented of random drug testing or utilization of pain contract to adequately monitor for narcotic safety, efficacy, and compliance. The MTUS provides requirements of the treating physician to assess and document for functional improvement with treatment intervention and maintenance of function that would otherwise deteriorate if not supported. From the submitted reports, there is no demonstrated evidence of specific functional benefit derived from the continuing use of opioids with persistent severe pain. The Oxycodone 30MG #180 is not medically necessary and appropriate.

**SOMA 350MG #150:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxant/Carisoprodol.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Carisoprodol (Soma®), Page(s): 29.

**Decision rationale:** Per Chronic Pain Medical Treatment Guidelines on muscle relaxant, Soma is not recommended for mild to moderate chronic persistent pain problems including chronic pain (other than for acute exacerbations) due to the high prevalence of adverse effects in the context of insufficient evidence of benefit as compared to other medications. This patient sustained an injury in 2003. Submitted reports from the provider noted continued ongoing pain with unchanged clinical exam findings revealing TTP, spasm, and decreased range of motions, without report of acute injury, flare-up, or functional improvement or benefit from treatment already rendered. MTUS Guidelines do not recommend long-term use of this Soma for this chronic injury. The SOMA 350MG, #150 is not medically necessary and appropriate.

**VALIUM 5MG #30:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines, "Benzodiazepines [Valium] Page(s): 23.

**Decision rationale:** Per Chronic Pain Medical Treatment Guidelines Valium is an anti-anxiety medication in the benzodiazepine family and like other benzodiazepines, act by enhancing the

effects of gamma-aminobutyric acid (GABA) in the brain. GABA is a neurotransmitter (a chemical that nerve cells use to communicate with each other) which inhibits many of the activities of the brain. It is believed that excessive activity in the brain may lead to anxiety or other psychiatric disorders. Valium also is used to prevent certain types of seizures. Valium is used for the short-term relief of the symptoms of anxiety. It is used for certain types of seizures, specifically petit mal seizures, akinetic seizures, and myoclonus, as well as Lennox-Gastaut syndrome. Submitted reports have not adequately addressed the indication for Valium's continued use for the chronic injury nor is there documented functional efficacy from treatment already rendered. It is also unclear why the patient is prescribed two concurrent benzodiazepines (Valium and Xanax). The Valium 5MG #30 is not medically necessary and appropriate.

**XANAX 1MG #30:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines Page(s): 24. Decision based on Non-MTUS Citation MTUS: CHRONIC PAIN MEDICAL TREATMENT GUIDELINES PHYSICAL MEDICINE, , 24

**Decision rationale:** Per Chronic Pain Medical Treatment Guidelines, Alprazolam is an anti-anxiety medication in the benzodiazepine family which inhibits many of the activities of the brain as it is believed that excessive activity in the brain may lead to anxiety or other psychiatric disorders. Per the Chronic Pain Treatment Guidelines, 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 as chronic benzodiazepines are the treatment of choice in very few conditions and tolerance to hypnotic effects develops rapidly. Additionally, submitted reports have not demonstrated clear functional benefit of treatment already rendered. The Xanax 1mg #30 is not medically necessary and appropriate.