

<b>Case Number:</b>	CM13-0071116		
<b>Date Assigned:</b>	01/08/2014	<b>Date of Injury:</b>	02/05/2007
<b>Decision Date:</b>	06/20/2014	<b>UR Denial Date:</b>	12/02/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/26/2013

### 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 Anesthesiology has a subspecialty in Pain Medicine and is licensed to practice in Texas and Florida. 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 CA MTUS addressed the use of opioids for the treatment of chronic musculoskeletal pain. Opioids could be utilized for short term treatment of severe pain during acute injury and periods of exacerbation of chronic pain that is non responsive to standard NSAIDS, PT and exercise. The concurrent use of psychiatric medications and sedatives with opioids is associated with increased incidence of severe drug interaction and adverse effects. Long term use of high dose opioids may lead to tolerance, addiction and opioid induced hyperalgesia state. The record indicated that the patient pain score was low at 1-2/10. The patient has significant psychosomatic symptoms. There was presence of aberrant behavior such as UDS inconsistent with positive marijuana and non-prescribed oxycodone but absence of prescribed Kadian. The criteria for utilization of Kadian 20mg #60 was not met. MTUS guideline recommends the involvement of multidisciplinary chronic pain program or psychiatric addiction medicine specialists for safe weaning of high dose narcotics.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**SUBACROMIAL BURSA INJECTION:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: OFFICIAL DISABILITY GUIDELINES-TREATMENT IN WORKERS' COMPENSATION, OFFICIAL DISABILITY GUIDELINES CHAPTER 9, SHOULDER CHAPTER, 204.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 204. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Shoulder chapter Steroid Injection.

**Decision rationale:** The CA MTUS and the ODG guidelines addressed the use of subacromium bursa injection for the management of shoulder pain. Interventional Steroid injections can be beneficial for patients who have failed conservative treatment of PT and NSAID medications management. The medical records indicate that the patient is not utilizing NSAID medications. There is significant psychosomatic symptoms of anxiety, depression and tearfulness but a low pain score of 1-2/10. The request for the Subacromial Bursa Injection is not medically necessary and appropriate.

**NORCO 10/325MG #240:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: CHRONIC PAIN ,78 CCR 9792.20 - 9792.26, 123.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines 9792-9792.26 Page(s): 74-96, 124.

**Decision rationale:** The CA MTUS addressed the use of opioids for the treatment of musculoskeletal pain. Opioids could be utilized for short term treatment of severe pain during acute injury or periods of exacerbation of chronic pain that is non responsive to standard NSAIDs, PT and exercise. Long term opioid administration can lead to tolerance, addiction and opioid induced hyperalgesia. The concurrent use of psychiatric medications and sedatives is associated with increased incidence of severe drug interactions and adverse effects. The 11/4/2013 urine drug screen (UDS) was inconsistent with a positive marijuana and negative for prescribed Kadian. The request for Norco 10/325mg #240 is not medically necessary and appropriate.

**KADIAN 20MG #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, 8 CCR 9792.20 - 9792.26, 78.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines 9792.20-9792.26 Page(s): 74-96, 124.

**Decision rationale:** The CA MTUS addressed the use of opioids for the treatment of chronic musculoskeletal pain. Opioids could be utilized for short term treatment of severe pain during acute injury and periods of exacerbation of chronic pain that is non responsive to standard NSAIDS, PT and exercise. The concurrent use of psychiatric medications and sedatives with opioids is associated with increased incidence of severe drug interaction and adverse effects.

Long term use of high dose opioids may lead to tolerance, addiction and opioid induced hyperalgesia state. The record indicated that the patient pain score was low at 1-2/10. The patient has significant psychosomatic symptoms. There was presence of aberrant behavior such as UDS inconsistent with positive marijuana and non-prescribed oxycodone but absence of prescribed Kadian. The criteria for utilization of Kadian 20mg #60 was not met. MTUS guideline recommends the involvement of multidisciplinary chronic pain program or psychiatric addiction medicine specialists for safe weaning of high dose narcotics. The request for Kadian 20mg # 60 is not medically necessary and appropriate.

**XANAX 0.5MG #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, 8 CCR 9792.20 - 9792.26, 24.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines 9792.20-9792.26 Page(s): 24. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Mental illness and Stress Benzodiazepines.

**Decision rationale:** The CA MTUS and the ODG addressed the use of anxiolytics in the treatment of anxiety and insomnia associated with chronic pain syndrome. It is recommended that the use of benzodiazepines be limited to periods of less than four weeks because of rapid development of tolerance, dependency and addiction. There are increased adverse effects in patients who are utilizing benzodiazepines with opioids and other sedatives. The medical record indicate that the patient was still suffering from significant psychosomatic symptoms such as panic attacks, anxiety, tearfulness and depression despite chronic use of Xanax. The UDS was positive for marijuana and non-prescribed oxycodone. The patient was also utilizing Ambien and Soma. The guidelines recommend the use of antidepressants with anxiolytic properties such as SNRI- Cymbalta or venlafaxine for the treatment of co-existing anxiety and depression in chronic pain patients. The criteria for treatment with Xanax 0.5mg # 60 was not met. The request for Xanax 0.5mg, #60 is not medically necessary and appropriate.