

<b>Case Number:</b>	CM14-0109559		
<b>Date Assigned:</b>	08/01/2014	<b>Date of Injury:</b>	09/12/2006
<b>Decision Date:</b>	10/03/2014	<b>UR Denial Date:</b>	06/20/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/14/2014

### 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 Occupational Medicine 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 applicant is a represented [REDACTED] employee who has filed a claim for chronic mid and low back pain reportedly associated with an industrial injury of September 12, 2006. Thus far, the applicant has been treated with the following: Analgesic medications; earlier lumbar laminectomy surgery; transfer of care to and from various providers in various specialties; unspecified amounts of physical therapy; opioid therapy; and anxiolytic agents. In a Utilization Review Report dated June 20, 2014, the claims administrator failed to approve a request for Percocet, Opana, Ativan, and Glucosamine. The applicant's attorney subsequently appealed. In a May 21, 2014 progress note, the applicant reported persistent complaints of low back pain, severe, 10/10. The applicant's pain was worsened with any and all activities of daily living, including those as basic as standing and walking. The applicant's pain complaints are interfering with her ability to concentrate, interact with others, and sleep. Multiple medications were renewed, including Percocet, Flexeril, Ambien, Ativan, Prilosec, Phenergan, Motrin, Glucosamine, and Opana. Flector patches were reportedly introduced. The applicant's primary reported diagnosis was that of chronic low back pain, with secondary diagnoses including obesity and weight gain secondary to medication intake and depression, also reportedly secondary to pain. In an earlier note dated April 23, 2014, the applicant was again given refills of Percocet, Flexeril, Ambien, Ativan, Prilosec, Phenergan, Ropinirole, Motrin, Glucosamine, Opana, and Flector. The applicant again reported severe low back pain radiating into bilateral lower extremities, 10/10, interfering with activities of daily living including the ability to concentrate and interact with others. The applicant's pain was exacerbated by standing, sitting, and walking, it was suggested. The applicant's work status was not clearly outlined, although it did not appear that the applicant was working.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Ativan 1 mg # 60 with 3 refills:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions Page(s): 402.

**Decision rationale:** While the MTUS Guideline in ACOEM Chapter 15, page 402, does acknowledge that anxiolytics such as Ativan may be employed for "brief periods," in cases of overwhelming symptoms, in this case, however, it appears that the attending provider and/or applicant are intent on using Ativan on a chronic, long-term, and/or scheduled use basis, for issues with anxiety and sleep. This is not an ACOEM-approved role for Ativan, particularly in the absence of any documented acute flare in mental health symptoms. Therefore, the request is not medically necessary.

**Glucosamine 500 mg #120 with 3 refills:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Glucosamine Page(s): 50.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Glucosamine Page(s): 50.

**Decision rationale:** While page 50 of the MTUS Chronic Pain Medical Treatment Guidelines does acknowledge that Glucosamine is indicated in the treatment of pain associated with arthritis, especially knee arthritis, in this case, however, the applicant's primary pain generator is the chronic low back pain status post earlier failed lumbar laminectomy. There is no evidence of any arthritic issues and/or knee arthritis which would compel provision of Glucosamine. Therefore, the request is not medically necessary.

**Opana ER 5 mg # 90 with 3 refills:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 78.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines When to Continue Opioids Page(s): 80.

**Decision rationale:** As noted on page 80 of the MTUS Chronic Pain Medical Treatment Guidelines, the cardinal criteria for continuation of opioid therapy include evidence of successful return to work, improved functioning, and/or reduced pain achieved as a result of the same. In this case, however, the applicant is seemingly off of work. The applicant's pain complaints

appear heightened from visit to visit, as opposed to reduce from visit to visit, despite ongoing usage of Opana. The applicant continues to report pain as high as 10/10, despite ongoing usage of Opana. The applicant is having difficulty having performing even basic activities of daily living such as sitting, standing, and walking, despite ongoing Opana usage. All of the above, taken together, do not make a compelling case for continuation of the same. Therefore, the request is not medically necessary.

**Percocet 7.5/325 mg # 120 with 3 refills:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 78.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines When to Continue Opioids Page(s): 80.

**Decision rationale:** As noted on page 80 of the MTUS Chronic Pain Medical Treatment Guidelines, the cardinal criteria for continuation of opioid therapy include evidence of successful return to work, improved functioning, and/or reduced pain achieved as a result of the same. In this case, however, the applicant is seemingly off of work. The applicant's pain complaints are heightened, as opposed to reduced, despite ongoing opioid usage, including ongoing Percocet usage. The applicant is having difficulty performing even basic activities of daily living such as standing, walking, sitting, etc. All of the above, taken together, do not make a compelling case for continuation of Percocet. Therefore, the request is not medically necessary.