

<b>Case Number:</b>	CM14-0156579		
<b>Date Assigned:</b>	09/26/2014	<b>Date of Injury:</b>	09/20/2004
<b>Decision Date:</b>	10/27/2014	<b>UR Denial Date:</b>	08/29/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/24/2014

### 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 Physical Medicine and Rehabilitation, Pain Management 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:

This patient is a 68-year-old female with a date of injury of 09/20/2004. The listed diagnosis per [REDACTED] is PTSD. According to progress report 08/12/2014, the patient presents with headaches and pain in her neck and back. She also continues to be depressed and states she has no energy. Mental examination revealed the patient's mood to be depressed, and she has difficulty concentrating. Under treatment plan it was noted that the "patient will continue with her current medication." Benefits and side effects of the medication including their addictive potential were discussed with the patient. The treater is requesting a refill of tramadol/APAP 37.5/325 mg #60 and alprazolam 0.5 mg #60. Utilization review denied the request on 08/29/2014. Treatment reports from 10/31/2013 through 08/12/2014 were reviewed. UDS from 5/8/14 confirmed compliance with medications.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Retrospective request for Tramadol/APAP 37.5/325mg #60 on 8/12/14: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Criteria For Use Of Opioids Page(s): 88, 89, 76-78.

**Decision rationale:** This patient presents with continued headaches and pain in her neck and back. The treater is requesting a refill of tramadol/APAP 37.5/325 mg #60. Review of the medical file indicates the patient has been prescribed this medication since 04/01/2014 for patient's pain and headaches. The MTUS guidelines pg 76-78, criteria for initiating opioids recommends that reasonable alternatives have been tried, consider patient's likelihood of improvement, likelihood of abuse, etc. For opiate management, MTUS Guidelines pages 88 and 89 state, "Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." MTUS page 78 also requires documentation of the 4As (analgesia, ADLs, adverse side effects, and adverse behavior). In this case, there is no pain assessment or outcome measures as required by MTUS for chronic opiate use. The treater does note in progress reports 06/10/2014 and 07/15/2014 that the patient "continues to benefit from her medications," but, there is no further discussion of medication efficacy and functional improvements are not discussed. Given the lack of sufficient documentation regarding efficacy, continuation of this medication cannot be supported. Given the above the request is not medically necessary.

**Retrospective request for Alprazolam 0.5mg #60 on 8/12/14:** Upheld

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

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

**Decision rationale:** This patient presents with headaches and pain in her neck and back. The treater is requesting a refill of alprazolam 0.5 mg #60. Review of the medical file indicates the patient has been taking this medication since 02/25/2014. The MTUS Guidelines page 24 has the following regarding Benzodiazepines, "Benzodiazepines are not recommended for long-term use because long-term efficacy is unproven, and there is a risk of dependence. Most guidelines limit the use to 4 weeks." In this case, the patient has been taking this medication on a long-term basis, and MTUS does not support long-term use of benzodiazepines. Given the above the request is not medically necessary.