

<b>Case Number:</b>	CM14-0167765		
<b>Date Assigned:</b>	10/15/2014	<b>Date of Injury:</b>	05/27/2009
<b>Decision Date:</b>	12/02/2014	<b>UR Denial Date:</b>	10/02/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/11/2014

### 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 low back pain reportedly associated with an industrial injury of May 27, 2009. Thus far, the applicant has been treated with the following: Analgesic medications; earlier lumbar laminectomy; psychotropic medications; unspecified amounts of physical therapy over the course of the claim; and anxiolytic medications. In a utilization review report dated October 2, 2014, the claims administrator failed to approve a request for lorazepam, Prozac, Norco, and Butrans. The applicant's attorney subsequently appealed. In a June 7, 2014, progress note, the applicant reported ongoing complaints of low back pain. The applicant stated that Butrans had previously proven effective. The applicant was using Soma for muscle spasms. It was stated that the applicant was having issues with fogginess and sleepiness with medications. It was not clearly stated whether the applicant was working or not. The applicant was asked to begin Nucynta while continuing Soma and Prozac. It was stated that Prozac was being employed for depressive purposes. In a note dated July 22, 2014, the applicant reported ongoing complaints of 6/10 low back pain. The applicant stated that she was unable to work secondary to pain complaints. The applicant stated that she was crying frequently due to derivative complaints of psychological stress. The applicant stated that she wished to decrease medication consumption. The applicant was asked to discontinue Nucynta and begin Butrans for pain control purposes. The applicant was asked to discontinue Soma and begin Zanaflex, also for pain control purposes. The applicant was asked to continue Prozac and Norco while remaining off work, on total temporary disability. In a September 25, 2014, progress note, the applicant was again placed off work, on total temporary disability. The applicant was using lorazepam for anxiety purposes and three to four Norco daily for pain control. It was stated that Prozac was ameliorating the applicant's

depression. The applicant stated that she preferred to use Butrans as a pain medication. The applicant was asked to use lorazepam at a rate of 1 mg twice daily.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

#### **Lorazepam 1mg #60 1 po q 12hrs: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines. Decision based on Non-MTUS Citation Official Disability Guidelines, Online Edition Chapter, Pain

**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 appropriate for "brief periods," in cases of overwhelming symptoms, in this case, however, the attending provider's documentation suggests that he intends for the applicant to employ lorazepam for chronic, long-term, and/or scheduled use purposes, for anxiolytic effect. This is not an ACOEM-endorsed role for the same. Therefore, the request is not medically necessary.

#### **Prozac 20mg #90 1 po QD: Overturned**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Antidepressants, chronic pain.

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

**Decision rationale:** As noted in the MTUS-adopted ACOEM Guidelines in Chapter 15, page 402, it often takes "weeks" for antidepressants to exert their maximal effect. In this case, the attending provider has noted that introduction of Prozac has, to some degree, attenuated the applicant's symptoms of depression and poor mood. Continuing the same, on balance, is indicated. Therefore, the request is medically necessary.

#### **Norco 10/325mg #120 1 po q6: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, specific drug list.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines When To Continue Opioids Topic 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 off work. The applicant's pain complaints appear to be heightened from visit to visit as opposed to reduced from visit to visit, despite ongoing usage of Norco. The attending provider has failed to outline any quantifiable decrements in pain or material improvements in function effected as a result of ongoing Norco usage. Therefore, the request is not medically necessary.

**Butrans 5mcg #4 1 patch q 7 day:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Buprenorphine Topic Page(s): 26.

**Decision rationale:** While page 26 of the MTUS Chronic Pain Medical Treatment Guidelines does acknowledge that Butrans or buprenorphine is indicated in the treatment of opioid addiction and can be employed for chronic pain in applicants who have previously detoxified off opioids, in this case, however, it did not appear that the applicant was intent on tapering off opioids, has a history of opioid addiction, is intent on using Butrans to wean off of other opioids, and/or has previously been detoxified. The applicant continues to use Norco, a short-acting opioid agent, implying that the applicant is not intent on weaning off of opioids. Therefore, the request for Butrans (buprenorphine) is not medically necessary.