

Case Number:	CM14-0181593		
Date Assigned:	11/06/2014	Date of Injury:	02/10/2009
Decision Date:	12/12/2014	UR Denial Date:	10/02/2014
Priority:	Standard	Application Received:	10/31/2014

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 Preventive Medicine, has a subspecialty in Occupational Medicine and is licensed to practice in Iowa. 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 is a 59 year old patient with date of injury of 02/10/2009. Medical records indicate the patient is undergoing treatment for groin and lower abdominal pain that radiates down the right leg, status post-surgical repair of hernia, inflammatory neuropathy, lumbar post-laminectomy syndrome. Subjective complaints include constant right groin, inner thigh and genitalia pain, anxiety, depression. Objective findings include large surgical scar on lower abdomen with 2+ tenderness of the right lateral pubic bone, reproducing pain going to the inner thigh and right side of the vagina, consistent with genitofemoral nerve location; compression test negative, Femoral nerve traction test is negative; Patrick-Fabere test positive on the right, negative on left; straight leg test negative. Treatment has consisted of GFN blocks, neurolytic nerve phenol injections, Alprazolam, Carisoprodol, Oxycontin, Opana, Soma, Percocet, Xanax. The utilization review determination was rendered on 10/02/2014 recommending non-certification of 1 psych evaluation, 30 Alprazolam 2mg, 90 Alprazolam 1mg, 120 Carisoprodol 350mg, 240 Oxycontin-acetaminophen 10mg/325mg, 60 Opana ER 10mg and 1 urine drug testing.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 psych evaluation: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Psychological evaluations; Psychological treatment.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic pain program Page(s): 30-34. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Chronic Pain Programs, Psychologic Evaluation

Decision rationale: MTUS does not directly address referral for a psychiatric evaluation but discusses a multi-disciplinary approach to pain. MTU states, "Criteria for the general use of multidisciplinary pain management programs: Outpatient pain rehabilitation programs may be considered medically necessary when all of the following criteria are met: (1) An adequate and thorough evaluation has been made, including baseline functional testing so follow-up with the same test can note functional improvement; (2) Previous methods of treating chronic pain have been unsuccessful and there is an absence of other options likely to result in significant clinical improvement; (3) The patient has a significant loss of ability to function independently resulting from the chronic pain; (4) The patient is not a candidate where surgery or other treatments would clearly be warranted (if a goal of treatment is to prevent or avoid controversial or optional surgery, a trial of 10 visits may be implemented to assess whether surgery may be avoided); (5) The patient exhibits motivation to change, and is willing to forgo secondary gains, including disability payments to effect this change; & (6) Negative predictors of success above have been addressed." ODG states concerning psychological evaluation "Recommended for appropriately identified patients during treatment for chronic pain. Psychological intervention for chronic pain includes setting goals, determining appropriateness of treatment, conceptualizing a patient's pain beliefs and coping styles, assessing psychological and cognitive function, and addressing co-morbid mood disorders (such as depression, anxiety, panic disorder, and posttraumatic stress disorder)." Documentation shows that this patient has already undergone a psychological evaluation. The treating physician has not provided documentation of the results of this previous evaluation and the psychiatrist's recommendations. As such, the request for 1 psych evaluation is not medically necessary.

30 Alprazolam 2mg: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Alprazolam (Xanax). Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Benzodiazepines

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines Page(s): 24. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Mental Illness, Benzodiazepines

Decision rationale: MTUS and ODG states that benzodiazepine (i.e. Lorazepam) is "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. Their range of action includes sedative/hypnotic, anxiolytic, anticonvulsant, and muscle relaxant. Chronic benzodiazepines are the treatment of choice in very few conditions. Tolerance to hypnotic effects develops rapidly. Tolerance to anxiolytic effects occurs within months and long-term use may actually increase anxiety. A more appropriate treatment for anxiety disorder is an antidepressant. Tolerance to anticonvulsant and muscle relaxant effects occurs within weeks." ODG further states regarding Lorazepam "Not recommended". Medical records indicate that the patient has been on

Alprazolam since at least 2011, far exceeding MTUS recommendations. The treating physician does not document any significant functional improvement while on this medication. The treating physician does not provide any extenuating circumstances to recommend exceeding the guideline recommendations. As such, the request for 30 Alprazolam 2mg is not medical necessary.

90 Alprazolam 1mg: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Alprazolam (Xanax). Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Benzodiazepines

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines Page(s): 24. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Mental Illness, Benzodiazepines

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120 Carisoprodol 350mg: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Carisoprodol (Soma); Muscle relaxants (for pain).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Carisoprodol (Soma) and Muscle relaxants (for pain) Page(s): 29, 63-66. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Chronic Pain, Soma (Carisoprodol)

Decision rationale: MTUS states regarding Carisoprodol (SOMA), "Not recommended. This medication is not indicated for long-term use. Carisoprodol is a commonly prescribed, centrally acting skeletal muscle relaxant whose primary active metabolite is meprobamate (a schedule-IV controlled substance). Carisoprodol is now scheduled in several states but not on a federal level. It has been suggested that the main effect is due to generalized sedation and treatment of anxiety. Abuse has been noted for sedative and relaxant effects. In regular abusers the main concern is the accumulation of meprobamate. Carisoprodol abuse has also been noted in order to augment or

alter effects of other drugs." ODG States that Soma is "Not recommended. This medication is FDA-approved for symptomatic relief of discomfort associated with acute pain in musculoskeletal conditions as an adjunct to rest and physical therapy (AHFS, 2008). This medication is not indicated for long-term use." The patient has been on the medication since at least 2011. Guidelines do not recommend long term usage of SOMA. The treating physician does not detail circumstances that would warrant extended use of the medication. As such, request for 120 Carisoprodol 350mg is not medically necessary.

240 Oxycontin-acetaminophen 10mg/325mg: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids for chronic pain.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-96. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back - Lumbar & Thoracic (Acute & Chronic) and Pain, Opioids

Decision rationale: Oxycodone is the generic version of Oxycotin, which is a pure opioid agonist. ODG does not recommend the use of opioids for low back pain "except for short use for severe cases, not to exceed 2 weeks." The patient has exceeded the 2 week recommended treatment length for opioid usage. ODG additionally states "Oxycontin Tablets are a controlled release formulation of oxycodone hydrochloride indicated for the management of moderate to severe pain when a continuous, around-the-clock analgesic is needed for an extended period of time. Oxycontin tablets are NOT intended for use as a prn analgesic." MTUS does not discourage use of opioids past 2 weeks, but does state that "ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Pain assessment should include: current pain; the least reported pain over the period since last assessment; average pain; intensity of pain after taking the opioid; how long it takes for pain relief; and how long pain relief lasts. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life." The patient has been on the medication since at least 2011 and requests for this medication have been denied since November of 2011. Guidelines do not recommend long term use of this medication. The treating physician does not fully document the least reported pain over the period since last assessment, intensity of pain after taking opioid or pain relief. As such the request for 240 Oxycontin-acetaminophen 10mg/325mg is not medically necessary.

60 Opana ER 10mg: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Oxymorphone (Opana).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-96. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Oxymorphone (Opana®)

Decision rationale: MTUS states "Oxymorphone (Opana), Oxymorphone Extended Release (Opana ER), no available generic: [Boxed Warnings]: Opana ER is not intended for prn use. Patients are to avoid alcohol while on Opana ER due to increased (possibly fatal) plasma levels. Side Effects: See opioid adverse effects". ODG states "Not recommended. See Opioids for general guidelines, as well as specific Oxymorphone (Opana) listing for more information and references. Due to issues of abuse and Black Box FDA warnings, Oxymorphone is recommended as second line therapy for long acting opioids. Oxymorphone products do not appear to have any clear benefit over other agents and have disadvantages related to dose timing (taking the IR formulation with food can lead to overdose), and potential for serious adverse events (when the ER formulation is combined with alcohol use a potentially fatal overdose may result). (Opana FDA labeling)" Opana is not recommended for PRN use and is considered a second line agent. The patient is also on Oxycodone. The treating physician does not fully document the least reported pain over the period since last assessment, intensity of pain after taking opioid or pain relief. As such, the request for 60 Opana ER 10mg is not medically necessary.

1 urine drug testing: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Drug Screening. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain (Chronic), Urine Drug testing (UDT)

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids and Substance abuse Page(s): 74-96; 108-109. Decision based on Non-MTUS Citation University of Michigan Health System Guidelines for Clinical Care: Managing Chronic Non-terminal Pain, Including Prescribing Controlled Substances (May 2009), pg 32 Established Patients Using a Controlled Substance

Decision rationale: MTUS states that use of urine drug screening for illegal drugs should be considered before therapeutic trial of opioids are initiated. Additionally, Use of drug screening or inpatient treatment with issues of abuse, addiction, or poor pain control. Documentation of misuse of medications (doctor-shopping, uncontrolled drug escalation, drug diversion) would indicate need for urine drug screening. There is insufficient documentation provided to suggest issues of abuse, addiction, or poor pain control by the treating physician. University of Michigan Health System Guidelines for Clinical Care: Managing Chronic Non-terminal Pain, Including Prescribing Controlled Substances (May 2009) recommends for stable patients without red flags "twice yearly urine drug screening for all chronic non-malignant pain patients receiving opioids - once during January-June and another July-December". The patient has been on chronic opioid therapy. The treating physician has not indicated why a urine drug screen is necessary at this time and has provided no evidence of red flags. As such, the request for 1 urine drug testing is not medically necessary.