

<b>Case Number:</b>	CM14-0182047		
<b>Date Assigned:</b>	11/06/2014	<b>Date of Injury:</b>	02/10/2009
<b>Decision Date:</b>	12/12/2014	<b>UR Denial Date:</b>	10/27/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/03/2014

### 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, 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:

The patient is a 59 year old female with an injury date on 02/10/2009. Based on the 08/25/2014 progress report provided by the medical physician the diagnoses are inflammatory neuropathy; lumbar post-laminectomy syndrome; and disorder of trunk. According to this report, the patient complains of "constant right groin, inner thigh and genitalia pain, which is due to post-surgical changes after hernia repair operation in 5/2010." Physical exam reveals tenderness at the right SI joint, right greater trochanter, and over the right lateral pubic bone. Pain is noted with lumbar range of motion. The 07/28/2014 report reveals tenderness over the lumbar paraspinal muscles and the piriformis compartment. Deep tendon reflexes are brisk at 3+/2, involving the bilateral knee and left ankle. Straight leg raise is positive on the right. Decrease sensation is noted at the right anterior lateral leg and foot. There were no other significant findings noted on this report. The utilization review denied the request on 10/27/2014. The requesting provider provided treatment reports from 05/05/2014 to 10/26/2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**30 Alprazolam 2mg:** Upheld

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

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

**Decision rationale:** The provider is requesting 30 Alprazolam 2mg. MTUS guidelines do not recommend for long-term use because long-term efficacy is unproven and there is a risk of dependence. Most guidelines limit use to 4 weeks. Only short-term use of this medication is recommended for this medication. Review of reports show the patient has been prescribed Alprazolam since 06/02/14 and it is unknown exactly when the patient initially started taking this medication. It would appear that this medication is prescribed on a long-term basis, longer than a month. The provider does not mention that this is for a short-term use. MTUS guidelines do not support long-term use of this medication. Therefore, this request is not medically necessary.

**90 Alprazolam 1mg:** Upheld

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

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

**Decision rationale:** The provider is requesting 90 Alprazolam 1mg. MTUS guidelines do not recommend for long-term use because long-term efficacy is unproven and there is a risk of dependence. Most guidelines limit use to 4 weeks. Only short-term use of this medication is recommended for this medication. Review of reports show the patient has been prescribed Alprazolam since 06/02/14 and it is unknown exactly when the patient initially started taking this medication. It would appear that this medication is prescribed on a long-term basis, longer than a month. The provider does not mention that this is for a short-term use. MTUS does not support long-term use of this medication. Therefore, this request is not medically necessary.

**120 Carisoprodol 350mg:** 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 Non-Sedating Muscle Relaxants Page(s): 63, 64.

**Decision rationale:** The provider is requesting 120 Carisoprodol 350mg. For muscle relaxants for pain, the MTUS Guidelines page 63 states "Recommended non-sedating muscle relaxants with caution as a second line option for short term treatment of acute exacerbation in patients with chronic LBP. Muscle relaxants may be effective in reducing pain and muscle tension and increasing mobility; however, in most LBP cases, they showed no benefit beyond NSAIDs and pain and overall improvement." A short course of muscle relaxant may be warranted for patient's reduction of pain and muscle spasms. Review of available records indicates this patient has been prescribed this medication longer than the recommended 2-3 weeks. The provider is requesting Carisoprodol #120 and this medication was first noted in the 06/02/2014 report. Carisoprodol is

not recommended for long term use. The provider does not mention that this is for a short-term use. Therefore, this request is not medically necessary.

#### **240 Oxycodone-Acetaminophen 10mg: 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 Opioids Page(s): 60, 61, 88, 89, 76-78.

**Decision rationale:** The provider is requesting 240 Oxycodone-Acetaminophen 10mg. Oxycodone-Acetaminophen was first mentioned in the 06/02/2014 report; it is unknown exactly when the patient initially started taking this medication. For chronic opiate use, MTUS Guidelines pages 88 and 89 states, "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 4 A's (analgesia, ADLs, adverse side effects, and aberrant behavior), as well as "pain assessment" or outcome measures that include current pain, average pain, least pain, intensity of pain after taking the opioid, time it takes for medication to work and duration of pain relief. Per treating physician, the "presents meds remain helpful with no reported side effects. Functional gains are provided by the meds in that they significantly ease her job duties, mobility, and ADL's." The 06/27/2014 report mentions patient "remains with ongoing remarkable pain levels of 8 out of 10." A urine drug screen was obtained on 08/25/2014. In this case, reports show documentation of pain assessment using a numerical scale describing the patient's pain but the information is conflicting. 6/27/14 report has the patient's pain at 8/10 despite high-dose and multiple opiate regimens. There are general statements regarding the patient's function but validated instruments are used to show significant improvement. The provider states that medications "ease" the patient's job duties, but does not specify in what way. Urine drug screen is said to be obtained but the results are not discussed and other opiate issues are not addressed such as CURES. Outcome measures as required by MTUS are not addressed. Outcomes measures are not documented as required by MTUS. No valid instruments are used to measure the patient's function which is recommended once at least every 6 months per MTUS. Given the lack of sufficient documentation demonstrating efficacy from chronic opiate use, the patient should be slowly weaned as outlined in MTUS Guidelines. Therefore, this request is not medically necessary.

#### **60 Opana ER 10mg: 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 Opioids Page(s): 60, 61, 88, 89, 76-78.

**Decision rationale:** The provider is requesting 60 Opana ER 10mg. Opana was first mentioned in the 06/02/2014 report; it is unknown exactly when the patient initially started taking this

medication. For chronic opiate use, MTUS Guidelines pages 88 and 89 states, "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 aberrant behavior), as well as "pain assessment" or outcome measures that include current pain, average pain, least pain, intensity of pain after taking the opioid, time it takes for medication to work and duration of pain relief. Per treating physician, the "presents meds remain helpful with no reported side effects. Functional gains are provided by the meds in that they significantly ease her job duties, mobility, and ADL's." The 06/27/2014 report mentions patient "remains with ongoing remarkable pain levels of 8 out of 10." A urine drug screen was obtained on 08/25/2014. In this case, reports show documentation of pain assessment using a numerical scale describing the patient's pain but the information is conflicting. 6/27/14 report has the patient's pain at 8/10 despite high-dose and multiple opiate regimens. There are general statements regarding the patient's function but validated instruments are used to show significant improvement. The provider states that medications "ease" the patient's job duties, but does not specify in what way. Urine drug screen is said to be obtained but the results are not discussed and other opiate issues are not addressed such as CURES. Outcome measures as required by MTUS are not addressed. Outcomes measures are not documented as required by MTUS. No valid instruments are used to measure the patient's function which is recommended once at least every 6 months per MTUS. Given the lack of sufficient documentation demonstrating efficacy from chronic opiate use, the patient should be slowly weaned as outlined in MTUS Guidelines. Therefore, this request is not medically necessary.

### **1 Urine Drug Screen: Upheld**

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

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (Chronic) chapter, Urine drug testing (UDT), <http://odg-twc.com/index.html?odgtwc/pain.htm#Urinedrugtesting>

**Decision rationale:** The provider is requesting 1 urine drug screen. Regarding urine drug screens (UDS), MTUS Guidelines do not specifically address how frequent UDS should be obtained for various risks of opiate users; Official Disability Guidelines provide clearer recommendation. It recommends once yearly urine screen following initial screening with the first 6 months for management of chronic opiate use in low risk patient. In this case, the available medical records indicate the patient is currently on Oxycodone-Acetaminophen and Opana (a narcotic-like pain reliever). Review of the reports show a recent UDS was done on 08/25/2014. There was no discussion regarding the patient adverse behavior with opiates use. The provider does not explain why another urine drug screen is needed. There is no discussion regarding this patient's opiate use risk. Therefore, this request is not medically necessary.