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| <b>Case Number:</b>   | CM14-0186225 |                              |            |
| <b>Date Assigned:</b> | 11/14/2014   | <b>Date of Injury:</b>       | 01/09/1985 |
| <b>Decision Date:</b> | 12/31/2014   | <b>UR Denial Date:</b>       | 10/27/2014 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 11/07/2014 |

### 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 Internal Medicine, has a subspecialty in Hospice/Palliative Medicine and is licensed to practice in Pennsylvania. 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 injured worker is a 64-year-old woman with a date of injury of 01/09/2014. The submitted and reviewed documentation did not identify the mechanism of injury. Treating physician notes dated 04/08/2014, 06/03/2014, 08/12/2014, and 11/16/2014 indicated the worker was experiencing lower back pain that went into the legs with leg numbness and tingling. Documented examinations consistently described decreased motion in the lower back joints. The submitted and reviewed documentation concluded the worker was suffering from failed back surgery syndrome, L4 and C6 radiculopathies on both sides, bulging disks involving the upper and lower back, degenerative disk disease in the upper and lower back, upper and lower back stenosis, and a L5 grade I spondylolisthesis. Treatment recommendations included oral pain medications, a replacement TENS unit, and follow up care. A Utilization Review decision was rendered on 10/27/2014 recommending non-certification for ninety tablets of Norco (hydrocodone with acetaminophen) 10/325mg, sixty tablets of Kadian (morphine-ER) 100mg, and sixty tablets of Xanax (alprazolam) 1mg.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Norco 10/325 mg, QTY: 90:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 76, 24, 124.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Weaning of Medications Page(s): 74-95, 124.

**Decision rationale:** Norco (hydrocodone with acetaminophen) 10/325mg is a combination medication in the opioid and pain reliever classes. The MTUS Guidelines stress the lowest possible dose of opioid medications should be prescribed to improve pain and function, and monitoring of outcomes over time should affect treatment decisions. The Guidelines recommend that the total opioid daily dose should be lower than 120mg oral morphine equivalents. Documentation of pain assessments should include the current pain intensity, the lowest intensity of pain since the last assessment, the average pain intensity, pain intensity after taking the opioid medication, the amount of time it takes to achieve pain relief after taking the opioid medication, and the length of time the pain relief lasts. Acceptable results include improved function, decreased pain, and/or improved quality of life. The MTUS Guidelines recommend opioids be continued when the worker has returned to work and if the worker has improved function and pain control. When these criteria are not met, a slow individualized taper of medication is recommended to avoid withdrawal symptoms. The submitted and reviewed records indicated the worker was experiencing lower back pain that went into the legs with leg numbness and tingling. Documented assessments were thorough and included most of the elements encouraged by the Guidelines. The use of this medication considerably improved the worker's function using objective criteria as well as the reported pain intensity. Active vigilance and monitoring for aberrant behaviors was well documented. The reviewed documentation included a discussion demonstrating these issues were regularly considered in determining the treatment strategy. These records reported the worker's pain had failed to respond to numerous adjuvant treatments. While the Guidelines recommend the total opioid daily dose should be lower than 120mg oral morphine equivalents, the documentation supports a higher dose in this case. For these reasons, the current request for ninety tablets of Norco (hydrocodone with acetaminophen) 10/325mg is medically necessary.

**Kadian 100 mg, QTY: 60:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 76, 24, 124.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Weaning of Medications Page(s): 74-95, 124.

**Decision rationale:** Kadian (morphine-ER) is an opioid medication. The MTUS Guidelines stress the lowest possible dose of opioid medications should be prescribed to improve pain and function, and monitoring of outcomes over time should affect treatment decisions. The Guidelines recommend that the total opioid daily dose should be lower than 120mg oral morphine equivalents. Documentation of pain assessments should include the current pain intensity, the lowest intensity of pain since the last assessment, the average pain intensity, pain intensity after taking the opioid medication, the amount of time it takes to achieve pain relief after taking the opioid medication, and the length of time the pain relief lasts. Acceptable results include improved function, decreased pain, and/or improved quality of life. The MTUS Guidelines recommend opioids be continued when the worker has returned to work and if the

worker has improved function and pain control. When these criteria are not met, a slow individualized taper of medication is recommended to avoid withdrawal symptoms. The submitted and reviewed records indicated the worker was experiencing lower back pain that went into the legs with leg numbness and tingling. Documented assessments were thorough and included most of the elements encouraged by the Guidelines. The use of this medication considerably improved the worker's function using objective criteria as well as the reported pain intensity. Active vigilance and monitoring for aberrant behaviors was well documented. The reviewed documentation included a discussion demonstrating these issues were regularly considered in determining the treatment strategy. These records reported the worker's pain had failed to respond to numerous adjuvant treatments. While the Guidelines recommend the total opioid daily dose should be lower than 120mg oral morphine equivalents, the documentation supports a higher dose in this case. For these reasons, the current request for sixty tablets of Kadian (morphine-ER) 100mg is medically necessary.

**Xanax 1.0 mg, QTY: 60:** Upheld

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

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

**Decision rationale:** Xanax (alprazolam) is a medication in the benzodiazepine class. The MTUS Guidelines recommend benzodiazepines for no longer than four weeks. Long-term benefits are not proven, and tolerance to the potential benefits develops quickly. Long-term use can increase anxiety and can lead to dependence. The submitted and reviewed records indicated the worker was experiencing lower back pain that went into the legs with leg numbness and tingling. The records also mention the worker was also experiencing episodes of anxiety and had been using this medication at least for several months. While the submitted and reviewed documentation suggested the worker was having relief of anxiety with this medication, the recorded assessments of this issue were not detailed, and the risks of long term use can be significant. An individualized wean is sometimes needed when medications from this class are no longer of benefit. However, the worker was taking this medication only as needed for symptoms and an appropriate wean should be able to be completed with the medication the worker had. For these reasons, the current request for sixty tablets of Xanax (alprazolam) 1mg is not medically necessary.