

<b>Case Number:</b>	CM14-0031761		
<b>Date Assigned:</b>	06/20/2014	<b>Date of Injury:</b>	09/30/2003
<b>Decision Date:</b>	08/13/2014	<b>UR Denial Date:</b>	03/05/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/12/2014

### 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 Anesthesiologist, has a subspecialty in Pain Medicine and is licensed to practice in Florida. 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 55-year-old female who reported an injury on 09/30/2003, caused by an unspecified mechanism. The injured worker's treatment history included surgery, visits with a pain psychologist, an MRI and medications. Per the documentation on 03/26/2013, it was noted that the injured worker was status post a fusion at L2-3, L3-4 and L4-5. The injured worker was noted to have significant pain since her last surgery and had been on chronic opiates since then. It was documented that she was initially seen by the pain psychologist and was cleared for chronic opioid therapy; however, those results were not submitted for this review. It was documented that the injured worker was compliant with her medications, and she does not run out early. The injured worker was evaluated on 02/25/2014, and it was documented that the injured worker had developed scoliosis, and this had exacerbated her pain. There was significant instability at the level of her prior surgery, and she was a candidate for additional surgery. The provider noted that she had decreased sensation at L4-5 and flat back syndrome as well as radicular pain in both legs and her feet, and her sleep was poor. Diagnoses included S/P lumbar laminectomy, syndrome and flat back syndrome. Medications included Duragesic 75 mcg, OxyContin 20 mg and Xanax 1 mg. It was documented that the injured worker while on pain medications had a pain level of 5/10 to 6/10. The Request for Authorization dated 02/25/2014 was for Percocet 10/325 mg and Xanax 1 mg; however, the rationale was not provided for this review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Percocet 10/325 #240:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 78.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use Page(s): 78.

**Decision rationale:** The requested is not medically necessary. The Chronic Pain Medical Treatment Guidelines state that criteria for use for ongoing- management of opioids include ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. There was lack of evidence of opioid medication management and average pain, intensity of pain, or longevity, of pain relief. In addition, the request does not include the frequency. In addition there was no documented evidence of conservative care such as, physical therapy or home exercise regimen outcome improvements noted for the injured worker. The documents submitted indicated the injured worker has been having significant pain since her last surgery and has been on pain medications approximately since 03/17/ 2010 however there is no urine drug screen indicating opioids compliance. The documents submitted for review indicated the provider was seen by the pain psychologist, which cleared her for chronic opioid therapy however, the documentation was not submitted for this review. Given the above, Percocet 10/325mg #240 is not supported by the California Medical Treatment Utilization Schedule (MTUS) guidelines recommendations. As such, the request is not medically necessary.

**Xanax 1 mg #90:** 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:** The requested is not medically necessary. Chronic Pain Medical Guidelines does not recommend Benzodiazepines 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. The documents submitted for review lacked evidence of how long the injured worker has been using Benzodiazepines. Furthermore, the request lacked frequency and duration of the medication. In addition, there was lack of evidence providing outcome measurements for the injured worker to include, pain management, physical therapy, and a home exercise regimen. Given the above, the request for Xanax 1 mg #90 is not medically necessary.

