

<b>Case Number:</b>	CM14-0035047		
<b>Date Assigned:</b>	06/25/2014	<b>Date of Injury:</b>	09/26/1989
<b>Decision Date:</b>	08/18/2014	<b>UR Denial Date:</b>	02/19/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/20/2014

### 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 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 injured worker is a 73-year-old who reported an injury on September 26, 1989 due to unknown mechanism. The injured worker complained of lower backache radiating down bilateral extremity with increased pain. The injured worker described the pain as sharp, aching, burning, and rated the pain at 7/10. The injured worker also reported decreased function with pain. On physical examination dated February 28, 2014, pain interferes with the injured worker's concentration, mood, work, family functions and reactions. The injured worker's diagnoses include low back pain, post lumbar laminect syndrome, disc disorder lumbar, and chronic pain syndrome. The injured worker's medications were Lorazepam, Oxycodone, Oxycontin, Ambien and Lexapro. The treatment plan was for 12 chiropractic manipulative treatments, oxycontin, lorazepam, and oral toxicology screening. The injured worker's treatments/diagnostics history, according to documentation reviewed, are cervical spine surgery in April 1991, a C4-7 fusion in September 1994. The injured worker received chiropractic treatments on a regular basis. The request for authorization form was not submitted for review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Twelve chiropractic manipulative treatments:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Manual therapy and manipulation.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines : Manual therapy and manipulation Page(s): 58.

**Decision rationale:** According to documentation received the injured worker has been receiving chiropractic treatments on a regular basis. The California Medical Treatment Utilization Schedule (MTUS) guidelines states that manual therapy and manipulation is recommended for chronic pain if caused by musculoskeletal conditions. Manipulation is manual therapy that moves a joint beyond the physiologic range of motion but not beyond anatomic range of motion. Guidelines also recommends a trial of six visits over two weeks with evidence objective functional improvement, total up to eighteen visits over six to eight weeks. As per documentation the injured worker had been receiving chiropractic treatments on a regular basis. However there was no objective evidence documented of measurable gain or decrease in functional improvement or deficit. In addition documentation does not state how long the injured worker had been receiving chiropractic treatments. The request for twelve chiropractic manipulative treatments is not medically necessary or appropriate.

**One prescription Oxycontin 15 mg, 360 count:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for use of Opioids - Long-term users of Opioids.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids for chronic pain Page(s): 80.

**Decision rationale:** The California Medical Treatment Utilization Schedule (MTUS) guidelines states that for chronic pain opioids appears to be efficacious but limited for short-term pain relief, and long-term efficacy is unclear over 16 weeks, but also appears limited. The documentation received the use of opioids long-term are clear per document dated 06/11/2011. Guideline indicates ongoing review and documentation of pain relief, functional status, appropriate medication use, side effects. Pain The request for 1 prescription Oxycontin 15mg number 360 is non-certified. The California Medical Treatment Utilization Schedule (MTUS) guidelines states that for chronic pain opioids appears to be efficacious but limited for short-term pain relief, and long-term efficacy is unclear over 16 weeks, but also appears limited. The documentation received the use of opioids long-term are clear per document dated June 11, 2011. Guideline indicates ongoing review and documentation of pain relief, functional status, appropriate medication use, 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. Information from family members or other caregivers should be considered in determining the patient's response to treatment. The 4 A's for Ongoing Monitoring: Four domains have been proposed as most relevant for ongoing monitoring of chronic pain patients on opioids: pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant (or nonadherent) drug-related behaviors. These domains have been summarized as the "4 A's" (analgesia, activities of daily living, adverse side effects, and aberrant drug-taking behaviors). The monitoring of these outcomes over time should affect therapeutic

decisions and provide a framework for documentation of the clinical use of these controlled substances. There was no documentation on how long it took for medication to start working the pain scale before and after taking medication, or how long pain relief last. Guidelines also indicates and recommends gradual weaning for long-term opioid users, because opioids cannot be abruptly discontinued without probable risk of withdrawal symptoms, a slow taper is recommended. The longer the patient has taken the opioids, the more difficulty they are to taper. However the request does not include the frequency for the proposed medication. The request for one prescription Oxycontin 15 mg, 360 count, is not medically necessary or appropriate.

**One prescription Lorazepam 0.5 mg sixty count: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines, Anxiety medications in chronic pain.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Benodiazapine Page(s): 23.

**Decision rationale:** The request for lorazepam 0.5mg number 60 is non-certified. The California Medical Treatment Utilization Schedule (MTUS) guidelines states that benzodiazepines are 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. There is no supporting documentation of anxiety, sleep disturbance, muscle spasms, or seizure disorder subjectively or objectively on clinical visit 02/28/2014. Furthermore, the request does not include the frequency for the requested medication. Given the above the request is non-certified.

**One oral fluid toxicology screening: 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 Drug Testing Page(s): 43.

**Decision rationale:** The California Medical Utilization Schedule (MTUS) guidelines indicates that drug testing is recommended to assess the use or presence of illegal drugs. The injured worker had other requests for lorazepam, and Oxycontin that were non-certified. The injured worker had a drug toxicology test done and results were consistent with provider prescribed medications. The request for one oral fluid toxicology screening is not medically necessary or appropriate.