

<b>Case Number:</b>	CM14-0041865		
<b>Date Assigned:</b>	06/30/2014	<b>Date of Injury:</b>	07/01/2005
<b>Decision Date:</b>	08/19/2014	<b>UR Denial Date:</b>	03/17/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/07/2014

### 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 Physical Medicine & Rehabilitation, has a subspecialty in Pain Medicine and is licensed to practice in Texas and Oklahoma. 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 63-year-old female who reported an injury on 07/01/2005, reportedly sustained an injury to her lower back attempting to lift a patient. The injured worker's treatment history included MRI, urine drug screen, surgery, physical therapy sessions, and epidural injections. The injured worker was evaluated on 02/07/2014; however, documents that were submitted are illegible. The diagnoses included a lumbar spinal stenosis/herniated nucleus pulposus and severe lumbar degenerative disc disease. The medications included Sumatriptan Succinate 50 mg, OxyContin 40 mg, and Seroquel 100 mg, Norco, Carisoprodol, Omeprazole, Alprazolam, Butalbital/APAP/CAF and Lorazepam. The Request for Authorization or the rationale was not submitted for this review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**30 Tablets of Ativan 2mg:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines Page(s): 24,29,78.

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

**Decision rationale:** The request for 30 tablets of Ativan 2 mg is non-certified. California (MTUS) 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 on 02/07/2014 were illegible. 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 Ativan is non-certified.

**60 Tablets of Soma 350mg:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Carisoprodol (soma), Opioids.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants Page(s): 63.

**Decision rationale:** The request for 60 tablets of Soma 350mg is non-certified. California (MTUS) Chronic Pain Medical Guidelines recommend non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic LBP. The documents submitted on 02/07/2014 were illegible. There is lack of evidence provided that the injured worker received conservative care such as physical therapy and pain medication management. Furthermore, the request lacked frequency and duration of the medication there is no documentation provided on the injured worker using the VAS scale to measure functional improvement after the injured worker takes the medication. In addition, the guidelines do not recommend Soma to be used for long-term-use. Given the above the request for Soma is non-certified.

**90 tablets of oxycontin 40mg:** Upheld

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

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

**Decision rationale:** The request for 90 tablets of OxyContin 40mg is non-certified. The documents submitted on 02/07/2014 were illegible. The California Medical Treatment Utilization Schedule (MTUS) 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. Given the above, OxyContin is not supported by the California Medical Treatment Utilization Schedule (MTUS) guidelines recommendations. As such the request is non-certified.