

<b>Case Number:</b>	CM14-0070809		
<b>Date Assigned:</b>	09/10/2014	<b>Date of Injury:</b>	02/12/2003
<b>Decision Date:</b>	11/24/2014	<b>UR Denial Date:</b>	04/19/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/16/2014

### 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 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 34 year old male who sustained an injury on 02/12/03 when he sustained a crush injury to the right upper extremity that required multiple reconstructive procedures through August of 2014. As of 03/31/14 the injured worker had complaints of chronic pain in the right elbow. Further surgical intervention was being discussed to include possible joint arthroplasty. The injured worker was utilizing Oxycontin 30mg for times per day and Oxycodone 30mg up to six times per day. Other medications included xanax, soma, and gabapentin. The injured worker was using Lunesta for sleep. The injured worker described stomach upset with medications for which Protonix was being prescribed. There was a recommendation for a referral to a pain management specialist due to the amount of medications being prescribed. The follow up on 04/23/14 noted that pain was reduced by approximately 50% with medications. The injured worker was not working and was able to perform light chores with medications. The injured worker did have limited extension on physical exam of the right elbow. The injured worker was approved to see pain management. The requested medications and lab testing was denied on 04/14/14.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Xanax 1mg, quantity 120:** Upheld

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

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

**Decision rationale:** In regards to the use of Xanax 1mg quantity 120, this medication is not medically necessary based on the clinical documentation provided for review and current evidence based guideline recommendations. The chronic use of benzodiazepines is not recommended by current evidence based guidelines as there is no evidence in the clinical literature to support the efficacy of their extended use. The current clinical literature recommends short term use of benzodiazepines only due to the high risks for dependency and abuse for this class of medication. The clinical documentation provided for review does not specifically demonstrate any substantial functional improvement with the use of this medication that would support its ongoing use. As such, continuing use of this medication is not medically necessary.

**Xanax 1mg, quantity 120:** Upheld

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

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

**Decision rationale:** In regards to the use of Xanax 1mg quantity 120, this medication is not medically necessary based on the clinical documentation provided for review and current evidence based guideline recommendations. The chronic use of benzodiazepines is not recommended by current evidence based guidelines as there is no evidence in the clinical literature to support the efficacy of their extended use. The current clinical literature recommends short term use of benzodiazepines only due to the high risks for dependency and abuse for this class of medication. The clinical documentation provided for review does not specifically demonstrate any substantial functional improvement with the use of this medication that would support its ongoing use. As such, this request to continuing use of this medication is not medically necessary.

**Oxycodone 30mg, quantity 180:** 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): 88-89.

**Decision rationale:** In regards to the use of Oxycodone 30mg quantity 180, this medication is not medically necessary based on the clinical documentation provided for review and current evidence based guideline recommendations. From the clinical documentation provided, the injured worker was obtaining at least 50% improvement from medications. There was some mild functional improvement noted. There was no indication of any aberrant medication use.

There are noted concerns for the amount of medications being utilized by this injured worker well over the maximum recommended by guidelines. The injured worker was recommended to be seen by a pain management physician. This was pending for this injured worker. Given the recommendation for a pain management consult, as well as the efficacy obtained with this medication, altering the injured worker's medications until he can be seen by a pain management physician is not medically necessary.

**Oxycodone 30mg, quantity 180:** 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): 88-89.

**Decision rationale:** In regards to the use of Oxycodone 30mg quantity 180, this medication is not medically necessary based on the clinical documentation provided for review and current evidence based guideline recommendations. From the clinical documentation provided, the injured worker was obtaining at least 50% improvement from medications. There was some mild functional improvement noted. There was no indication of any aberrant medication use. There are noted concerns for the amount of medications being utilized by this injured worker well over the maximum recommended by guidelines. The injured worker was recommended to be seen by a pain management physician. This was pending for this injured worker. Given the recommendation for a pain management consult, as well as the efficacy obtained with this medication, the request is not medically necessary.

**Lunesta 3mg, quantity 30:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Mental Chapter

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter, Insomnia Treatment

**Decision rationale:** In regards to the use of Lunesta 3mg quantity 30, this medication is not medically necessary based on the clinical documentation provided for review and current evidence based guideline recommendations. The clinical documentation provided for review did not identify any specific improvement with the use of Lunesta to support its ongoing use. Per guidelines, lunesta is indicated for the treatment of insomnia on a short term basis. Given the lack of evidence regarding the efficacy of this medication, this request is not medically necessary.

**Lunesta 3mg, quantity 30:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Mental Chapter

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter, Insomnia Treatment

**Decision rationale:** In regards to the use of Lunesta 3mg quantity 30, this medication is not medically necessary based on the clinical documentatin provided for review and current evidence based guideline recommendations. The clinical documentation provided for review did not identify any specific inprovement with the use of Lunesta to support its ongoing use. Per guidelines, lunesta is indicated for the treatment of insomnia on a short term basis. Given the lack of evidence regarding the efficacy of this medication, therefore the request is not medically necessary.

**CBC with differential and basic metabolic panel:** 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 Other Medical Treatment Guideline or Medical Evidence: Current Medical Diagnosis and Treatment, 2012. Goroll A.H. Primary Care Medicine, 7th ed. ISBN/ISSN: 9781451151497.

**Decision rationale:** The requested CBC testing would not be supported as medically appropriate. Laboratory testing is not specifically covered under guidelines; however, there is no indication from the reports that any specific medical condition in present or suspicions of a condition that would support the use of CBC testing. It is unclear from the records how this test would provide additional information that would help delineate the injured worker's treatment for an 11 year old injury. As such, this request is not medically necessary.