

Case Number:	CM14-0136081		
Date Assigned:	09/03/2014	Date of Injury:	11/12/2000
Decision Date:	08/04/2015	UR Denial Date:	07/26/2014
Priority:	Standard	Application Received:	08/23/2014

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
 State(s) of Licensure: New York
 Certification(s)/Specialty: Anesthesiology

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 42 year old male, who sustained an industrial injury on 11/12/2000. The treating physician noted an injury on 01/28/1999 where the back of a diesel truck fell on the back of the injured worker, but did not indicate the mechanism of injury that occurred on 11/12/2000. The injured worker was diagnosed as having lumbar radiculopathy, mood disorder, and post lumbar laminectomy syndrome. Treatment and diagnostic studies to date has included chiropractic therapy, psychological evaluation, medication regimen, status post lumbar fusion and removal in 1999 to 2000, status post second lumbar fusion in 2001, use of a single point cane, use of a walker, use of an electric scooter, electromyogram with nerve conduction study, cervical epidural steroid injections, lumbar epidural steroid injections, facet injections, trigger point injections, physical therapy, steroid injections, acupuncture, biofeedback, psychotherapy, use of a transcutaneous electrical nerve stimulation unit, and exercise. In a progress note dated 07/08/2014 the treating physician reports complaints of pain to the back that radiates to the bilateral lower extremities along with spasms to the back and bilateral lower extremities. Examination reveals a global antalgic, slow gait; restricted range of motion to the lumbar spine; hypertonicity, spasm, and tenderness to the paravertebral muscles with a tight muscle band and trigger point; tenderness at lumbar four spinous process; positive bilateral straight leg test; weakened motor strength to the bilateral lower extremities; and decreased bilateral sensation. The injured worker's current medication regimen includes MS Contin ER, MS Contin, Valium, Xanax, and Lexapro. The documentation provided did not indicate the injured worker's pain level as rated on a pain scale prior to use of his medication regimen and after use of his

medication regimen to indicate the effects with the use of the injured worker's medication regimen. The treating physician noted that the injured worker was functional on his current medication regimen. The treating physician requested the medications of Xanax 1mg with a quantity of 56, Valium 10mg with a quantity of 84, MS Contin Extended Release ER 15mg with a quantity of 112, and MS Contin 60mg with a quantity of 84 noting current use of these medications.

IMR ISSUES, DECISIONS AND RATIONALES

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

Xanax 1mg #56: 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: Alprazolam (Xanax) is a short-acting benzodiazepine drug having anxiolytic, sedative, and hypnotic properties. The medication is used in conjunction with antidepressants for the treatment of depression with anxiety, and panic attacks. Per California MTUS Guidelines, benzodiazepines are not recommended for long-term use for the treatment of chronic pain because long-term efficacy is unproven and there is a risk of dependency. Most guidelines limit use to four weeks. In this case the patient has a diagnosis of depression and is maintained on antidepressant therapy with Lexapro. There is no specific indication for the use of Xanax. Medical necessity of the requested medication has not been established. The requested medication is not medically necessary.

Valium 10mg #84: 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: According to CA MTUS Guidelines, benzodiazepines are prescribed for anxiety. They are not recommended for long-term use for the treatment of chronic pain because long-term efficacy is unproven and there is a risk of dependency. Valium (Diazepam) is a long-acting benzodiazepine, having anxiolytic, sedative, and hypnotic properties. Most guidelines recommend the use of Valium for the treatment of anxiety disorders, and as an adjunct treatment for anxiety associated with major depression. Use of this medication is limited to four weeks. In this case the patient has a diagnosis of depression and is maintained on antidepressant therapy with Lexapro. There is no specific indication for the use of Valium. In addition, there are no guideline criteria that supports the long-term use of benzodiazepines. Medical necessity for the

requested medication has not been established. The requested medication is not medically necessary.

MS Contin ER 15mg #112: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids for the treatment of chronic pain Page(s): 91-97. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Opioids.

Decision rationale: According to ODG and MTUS, MS Contin (Morphine Sulfate Extended-Release) is a controlled-release preparation that should be reserved for patients with chronic pain, who are in need of continuous treatment. The treatment of chronic pain with any opioid analgesic requires review and documentation of pain relief, functional status, appropriate medication use, and side effects. A pain assessment should include current pain, intensity of pain after taking the opiate, and the duration of pain relief. For opioids, such as MS Contin ER, to be supported for longer than 6 months, there must be documentation of decreased pain levels and functional improvement. In this case, there was no evidence of functional benefit or response to ongoing analgesic therapy, to support continuation of this medication. Medical necessity of the requested medication has not been established. Of note, discontinuation of MS Contin should include a taper, to avoid withdrawal symptoms. The requested medication is not medically necessary.

MS Contin 60mg #84: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids for the treatment of chronic pain Page(s): 91-97. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Opioids.

Decision rationale: According to ODG and MTUS, MS Contin (Morphine Sulfate controlled-release) is a controlled-release preparation that should be reserved for patients with chronic pain, who are in need of continuous treatment. The treatment of chronic pain with any opioid analgesic requires review and documentation of pain relief, functional status, appropriate medication use, and side effects. A pain assessment should include current pain, intensity of pain after taking the opiate, and the duration of pain relief. For opioids, such as MS Contin, to be supported for longer than 6 months, there must be documentation of decreased pain levels and functional improvement. In this case, there was no evidence of functional benefit or response to ongoing analgesic therapy, to support continuation of this medication. Medical necessity of the requested medication has not been established. Of note, discontinuation of MS Contin should include a taper, to avoid withdrawal symptoms. The requested medication is not medically necessary.

