

<b>Case Number:</b>	CM14-0181930		
<b>Date Assigned:</b>	11/06/2014	<b>Date of Injury:</b>	07/14/1992
<b>Decision Date:</b>	01/07/2015	<b>UR Denial Date:</b>	10/17/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/03/2014

### 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 Maryland. 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 employee was a 47-year old male who sustained an industrial injury on 07/14/1992 when he slipped on oil in bed of truck and came down on his tailbone. He was status post multiple discectomies and fusion. The progress note from 10/7/14 was reviewed. Subjective symptoms included pain and tenderness over the SI joints. He was taking Norco and Fentanyl with relief. He was having trouble sleeping at night. Pain was unbearable without pain medications per the patient. Medications included Norco, Prilosec, Orphenadrine, and Fentanyl patch, Lunesta, Lyrica, Cialis, Buspirone and Xanax. Pertinent objective findings included tenderness over the bilateral paraspinals with spasms appreciated and tenderness over thoracic spine from T7-L2 with limited range of motion of lumbar spine, diminished reflexes bilateral knee and ankle, positive straight leg raising test bilaterally, decrease sensation at right medial thigh and calf and weakness in bilateral lower extremities. Diagnostic testing included lumbar CT scan that showed solid bony fusion of the graft material and L4-5 left lateral recess scar tissue extending into the left neural foramen. Diagnoses included post laminectomy syndrome, lumbar disc disease, lumbar radiculitis and sacroilitis. The request was for Norco, Lyrica and Xanax. A urine drug screen from 10/7/14 detected acetaminophen, Alphahydroxyalprazolam, hydrocodone, hydromorphone, Imipramine, Desipramine, Norhydrocodone and Pregabalin.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Norco 10/325mg #120:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, ongoing management Page(s): 77-80.

**Decision rationale:** According to MTUS Chronic Pain Guidelines, four domains have been proposed as most relevant for ongoing monitoring of chronic pain patients on Opioids: pain relief, adverse effects, physical and psychosocial functioning and potential aberrant behaviors. The employee was being treated for lumbar pain as well as radiculopathy and had been on Fentanyl and Norco. Even though, there is documentation he had improved pain with medications, there is no evidence that there is functional improvement from taking Norco. There is no documentation of improvement of pain on a numerical scale. There is documentation of a current urine drug screen. He was reported not to be working. Given the lack of clear documentation on functional improvement the criteria for continued use of Norco (10/325mg #120) have not been met.

**Lyrica #90:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Anti-Epilepsy Drugs.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Antiepilepsy drugs Page(s): 16.

**Decision rationale:** According to MTUS, Chronic Pain Medical Treatment guidelines, antiepilepsy drugs are recommended for neuropathic pain. After initiation of treatment, there should be documentation of pain relief and improvement in function as well as documentation of side effects incurred with use. The continued use of AEDs depends on improved outcomes versus tolerability of adverse effects. The employee had symptoms and signs of radiculopathy. He was on Lyrica and reported worsening of pain without medications. He was reportedly disabled and was noted to ambulate with a cane. There is no clear documentation of functional improvement. But, given the multiple back surgeries, ongoing pain, documentation of improvement of pain with medications and a diagnosis of radiculopathy, the ongoing use of Pregabalin is consistent with the guidelines. The request for Lyrica is medically necessary and appropriate.

**Xanax #45:** Upheld

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

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

**Decision rationale:** According to MTUS, Chronic Pain Medical Treatment guidelines, Benzodiazepines are 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. Tolerance to anticonvulsant and muscle relaxant effects occurs within weeks. The employee had chronic pain due to post laminectomy syndrome and sacroilitis as well as radiculopathy. He had been Xanax for a long time and hence the request for Xanax is not medically necessary or appropriate.