

<b>Case Number:</b>	CM14-0187328		
<b>Date Assigned:</b>	11/18/2014	<b>Date of Injury:</b>	08/05/1999
<b>Decision Date:</b>	01/06/2015	<b>UR Denial Date:</b>	10/17/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/10/2014

### 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 Occupational Medicine and is licensed to practice in Iowa. 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 patient is a 48 year-old female with a date of injury of 8/5/1999. A review of the medical documentation indicates that the patient is undergoing treatment for Sicca syndrome and chronic pain. Subjective complaints (10/15/2014) include continued total body pain, chronic fatigue, and problems sleeping. Objective findings (10/15/2014) include normal neurological examination with no deformities and no new findings. Diagnoses include Sicca syndrome, myalgia NOS, and cervical spondylosis. No additional studies were available for review. The patient has previously undergone medication therapy. A utilization review dated 10/17/2014 did not certify the request for Ativan, Capsaicin, and Urine Drug Test.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Ativan, per report dated 8/20/14:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines Page(s): 24. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Mental Illness, Benzodiazepines; Pain, Fibromyalgia; Insomnia treatment

**Decision rationale:** Ativan (lorazepam) is a benzodiazepine class medication. According to the MTUS guidelines, benzodiazepines are not recommended for long-term use for chronic pain because the long-term efficacy is unproven and there is a risk of dependence. Guidelines recommend limiting use to 4 weeks. Chronic benzodiazepines are the treatment of choice in very few conditions and tolerance occurs within weeks. Benzodiazepines are not included in the ODG treatment recommendations for fibromyalgia. For sleep disorders or insomnia, ODG states that this drug is not approved or recommended for use. It also recommends that the treating physician should detail the patient's sleep history, hygiene, and specific component of insomnia to be addressed. First-line therapies for sleep disorders, including behavioral and lifestyle changes, should be utilized first. The treating physician does not provide a clear indication for the use of Ativan, documentation in one place states "probs sleeping, needs ativan" and in the treatment plan states "cont salagen, ativan, capsaicin for fms" (fms indicating fibromyalgia syndrome). There is inadequate justification or evidence for any of these uses. Ativan is not indicated for treatment of fibromyalgia. The treating physician also does not address sleep hygiene or the component of insomnia to be addressed, or if other first-line therapies have been tried. The patient appears to have been on the medication for an extended period of time. There is no documented improvement in functional status from the medication, other than a brief statement of "meds working". Therefore, the request is not medically necessary.

**Capsaicin, per report dated 8/20/14:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Capsaicin Page(s): 28. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Capsaicin

**Decision rationale:** MTUS and ODG state that capsaicin is only an option in patients who have not responded or are intolerant to other treatments. There are positive studies with capsaicin cream in patients with fibromyalgia, "but it should be considered experimental in very high doses". Guidelines also state that capsaicin has moderate to poor efficacy, but it may be useful in pain that has not been controlled with conventional therapy. The treating physician does not provide a clear indication, dose, or formulation for capsaicin. The medication is only listed in the treatment plan section of medical documentation. The documentation also does not detail which other treatments have been utilized to justify that the patient is intolerant to other treatments. Therefore, the request is not medically necessary.

**Urine Drug Test, per report dated 8/20/14:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Urine Drug Testing (UDT)

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Drug Testing, Opioids and Substance abuse Page(s): 43, 74-96, 108-109. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain (Chronic), Urine drug testing (UDT)

**Decision rationale:** According to MTUS guidelines, urine drug screening should be considered before a therapeutic trial of opioids is initiated to assess the use of illegal drugs. Additional indications for screening include screening for inpatient treatment with issues of abuse, addiction, or poor pain control and documentation of misuse of medications such as doctor shopping, uncontrolled drug escalation, and drug diversion. ODG guidelines recommend drug screening prior to initiation of opioid use, with frequency based on documented evidence of risk stratification. The medication documentation does not suggest abuse, addiction, use of illegal drugs, or non-adherence to prescription medication regimen. There is also no record of the patient currently taking opioids. A prior drug screen performed on 3/25/2014 showed no positive results, consistent with prescribed medications. There is no risk stratification or explanation for the need for additional drug screens. Therefore, the request is not medically necessary.