

<b>Case Number:</b>	CM14-0187458		
<b>Date Assigned:</b>	11/17/2014	<b>Date of Injury:</b>	07/10/2004
<b>Decision Date:</b>	02/05/2015	<b>UR Denial Date:</b>	10/14/2014
<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 American Board 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:

Pursuant to the Primary Treating Physician's Progress Report (PR-2) dated August 6, 2014, the IW presents for chronic opioid management. The IW is receiving opioids for neck pain, back pain and leg pain. Pain is rated at 8/10. The pain is constant. Current non-opioid treatment includes non-steroidal anti-inflammatory drugs (Mobic) and non-opioid analgesics (Trazadone; Xanax). Current opioid treatment includes Percocet #240. The IW reports that the current regimen has been effective, with no adverse side effects. A current contract/agreement regarding opioid use exists. Physical examination findings revealed the IW mood and affects are described as anxious. There is paravertebral muscle tenderness at L3-S1. Straight leg raise test is positive (< 15 degrees). Lumbar spine flexion is 30 degrees. The IW has been diagnosed with chronic low back pain; failed back syndrome, lumbar; chronic low back pain; and chronic use of opiate drugs, therapeutic purposes. Treatment plan includes Mobic 15mg, Xanax 1mg, Trazadone 100mg, Percocet 10/325mg, and discontinue MS Contin 15mg. The IW received an injection of Ketorolac 15mg. Documentation indicates that the IW has been taking opioids and benzodiazepines since 2007; he was prescribed Lorazepam and Vicodin at that time. Most recent drug testing was performed August 28, 2014 (reading is inconsistent; awaiting confirmatory results).

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Xanax 1 mg, ninety count:** Upheld

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

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

**Decision rationale:** Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, Xanax 1 mg #90 is not medically necessary. Benzodiazepines are not recommended for long-term use because long-term efficacy is unproven and there is a risk of both psychological and physical dependence frank addiction. Most guidelines limit use to four weeks. Benzodiazepines work synergistically with other drugs such as opiates. Chronic benzodiazepine use in the treatment of choice is in very few conditions. In this case, the injured worker was taking Lorazepam (a benzodiazepine) in 2007. It is unclear from the medical record as the exact stop date of Lorazepam and start date of Xanax although it appears the first prescription was written August 6, 2014. There is no clinical indication or rationale in the medical record supporting the long-term/protracted use of Xanax and consequently, Xanax 1 mg #90 is not medically necessary. Based on clinical information in the medical record and the peer-reviewed evidence-based guidelines, Xanax 1 mg #90 is not medically necessary.

**Percocet 10/325 mg, 240 count:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 75 - 80.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for Opiates Page(s): 74-96. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); Pain Section, Opiates

**Decision rationale:** Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, Percocet 10/325 mg #240 is not medically necessary. Chronic, ongoing opiate use requires ongoing review and documentation of pain relief, functional status, appropriate medication use and side effects. Detailed pain assessments should be in the medical record. Satisfactory response to treatment may be indicated by the patient's decreased pain, increase level of function or improved quality of life. The lowest possible dose should be prescribed to improve pain and function. In this case, the working diagnoses (from a 2010 progress note) are status post left inguinal hernia repair; strain/sprain of the cervical spine with cervical disc disease at C3-4, C4-5, C5-6, and C 6-7; low back strain/sprain; status post lumbar laminectomy, interbody fusion, posterolateral fusion. Review of the record show the injured worker was taking Vicodin in 2007. The medication was changed to MS Contin. In August 2014 the opiate was changed to Percocet. The medical record does not contain detailed pain assessments or documentation of objective functional improvement. There were no risk assessments. There was a drug urine screen in August 24, 2014 with inconsistent results. There was no further documentation present to evaluate the potential for drug misuse/abuse. There is no clinical rationale the medical record to explain the long-term use of opiates in the absence of

functional improvement going back to 2007. Consequently, Percocet 10/325 mg #240 is not medically necessary.

**Toradol injection ketorolac tromethamine, per 15 mg:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 72.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Toradol Page(s): 72.

**Decision rationale:** Pursuant to the Chronic Pain Medical Treatment Guidelines, Toradol injection (per 15mg?) is not medically necessary. The guidelines state Toradol is indicated for minor or chronic painful conditions. In this case, the injured worker's need of injury is July 10, 2004. He is in the chronic phase of the injury. There is no clinical indication for Toradol. Consequently, Toradol injection (per15mg?) is not medically necessary.