

<b>Case Number:</b>	CM14-0189657		
<b>Date Assigned:</b>	11/20/2014	<b>Date of Injury:</b>	05/17/2004
<b>Decision Date:</b>	01/09/2015	<b>UR Denial Date:</b>	10/23/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/13/2014

### 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 Preventive Medicine, has a subspecialty 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:

This patient is a 50 year-old male employee with date of injury of 5/17/2004. A review of the medical records indicate that the patient is undergoing treatment for lumbar spine status post posterior lumbar decompression and fusion with residual low back pain and intermittent symptoms of bilateral lower extremity radiculitis; left shoulder status post rotator cuff repair; symptoms of anxiety and depression. Subjective complaints include low back pain radiating to both legs. Objective findings include physical exam revealing diffuse tenderness to palpation and paraspinal spasm in the lower lumbar region on the right and left sides. Straight leg raise is negative bilaterally, but sensation is diminished to light touch bilaterally and the dorsal and lateral aspect of bilateral feet; toes are down-going; no clonus; 5/5 strength in bilateral anterior tibialis, gastroc soleus, and extensor hallucis longus. Treatment has included low impact exercise, core stretching and strengthening. Patient claims that weight loss and exercise have helped with symptoms. Medications have included OxyContin, Norco, and Xanax. The prior utilization review dated 10/23/2014 non-certified the requests for Oxycontin 40mg one PO TID as needed for pain #90, Norco 10/325 one PO every 6 hours PRN breakthrough pain #120, and Xanax 1mg one PO BID PRN anxiety #60.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Oxycontin 40mg one PO TID as needed for pain #90:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-96. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back - Lumbar & Thoracic (Acute & Chronic) and Pain, Opioids

**Decision rationale:** Oxycodone is the generic version of Oxycontin, which is a pure opioid agonist. ODG does not recommend the use of opioids for low back pain "except for short use for severe cases, not to exceed 2 weeks." Medical records show that the patient has been using OxyContin since 2012 far exceeding the two-week recommended treatment length for opioid usage. MTUS does not discourage use of opioids past 2 weeks, but does state that "ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Pain assessment should include: current pain; the least reported pain over the period since last assessment; average pain; intensity of pain after taking the opioid; how long it takes for pain relief; and how long pain relief lasts. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life." The treating physician does not fully document the least reported pain over the period since last assessment, intensity of pain after taking opioid, pain relief, increased level of function, or improved quality of life. As such, the request for OxyContin 40mg one PO TID as needed for pain #90 is not medically necessary.

**Norco 10/325 one PO every 6 hours PRN breakthrough pain #120:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-96. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck and Upper Back (Acute and Chronic), Low Back - Lumbar & Thoracic (Acute & Chronic), Shoulder, Pain, Opioids

**Decision rationale:** ODG does not recommend the use of opioids for neck and low back pain "except for short use for severe cases, not to exceed 2 weeks." Medical records show that the patient has been using Norco since 2006, far exceeding the two-week recommended treatment length for opioid usage. MTUS does not discourage use of opioids past 2 weeks, but does state that "ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Pain assessment should include: current pain; the least reported pain over the period since last assessment; average pain; intensity of pain after taking the opioid; how long it takes for pain relief; and how long pain relief lasts. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life." The treating physician does not fully document the least reported pain over the period since last assessment, intensity of pain after taking opioid, pain relief, increased level of function, or improved quality of life. As such, the request for Norco 10/325 one PO every 6 hours PRN breakthrough pain #120 is not medically necessary.

**Xanax 1mg one PO BID PRN anxiety #60:** 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:** MTUS states that benzodiazepine (i.e. Xanax) is "Not 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. A more appropriate treatment for anxiety disorder is an antidepressant. Tolerance to anticonvulsant and muscle relaxant effects occurs within weeks." Medical records indicate that the patient has been on Xanax since 2002, far exceeding MTUS recommendations. The medical record does not provide any extenuating circumstances to recommend exceeding the guideline recommendations. Additionally, no documentation as to if a trial of antidepressants was initiated and the outcome of this trial. As such, the request for Xanax 1mg one PO BID PRN anxiety #60 is not medically necessary.