

<b>Case Number:</b>	CM14-0193215		
<b>Date Assigned:</b>	12/01/2014	<b>Date of Injury:</b>	04/13/2007
<b>Decision Date:</b>	01/13/2015	<b>UR Denial Date:</b>	10/30/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/18/2014

### 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 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:

The injured worker (IW) is a 66-year-old man with a date of injury of April 13, 2007. The mechanism of injury was not documented in the medical record. Pursuant to the most recent Primary Treating Physician's Progress Report (PR-2) dated October 20, 2014, the IW complains of ongoing lower back pain. He presents for medication refills. Objective physical examination reveals limited range of motion of the thoracolumbar spine. The IW walk with =normal gait. Straight leg raise test is negative bilaterally. Sensory examination of the lower extremities is decreased at the bilateral L5-S1 nerve roots. Motor examination of the lower extremities from L1-S1 is normal with all muscle groups. The IW has been diagnosed with chronic pain, lumbar spine degenerative disc disease status post discectomy, and opioid dependency. Documentation indicated that the IW has a past medical history of severe depression and drug abuse. The IW has been taking Percocet 10/325mg, Xanax 2mg, MS Contin 60mg, and MS Contin 30mg since at least April of 2014. The IW received refills for the aforementioned medications in April 2014, May 2014, June 2014, July 2014, August 2014, and September 2014. According the October 20, 2014 progress note, the Percocet 10/325mg was changed to MS IR 15mg #120, 1 tab po Q 6 hrs. for breakthrough pain. The remainder of the plan was to refill the existing medications. Urine drug screen were reviewed by the provider and were consistent with the prescribed medications.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Xanax 2mg #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 based on Non-MTUS Citation Official Disability Guidelines (ODG); Pain, Benzodiazepines

**Decision rationale:** Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, Xanax 2 mg #60 is not medically necessary. Benzodiazepines are not recommended for long-term use (no longer than two weeks) because long-term uses unproven and there is a risk of psychological and physical dependence or frank addiction. Chronic benzodiazepine use is the treatment of choice in very few conditions. The April 21, 2014 progress notes mentions the injured worker was taking Xanax 2 mg b.i.d. at that point in time. There is no clinical documentation to support the ongoing, protracted use of Xanax. Xanax is a benzodiazepine. Benzodiazepines are recommended for short-term use not to exceed two weeks. Xanax has been used well in excess of the recommended guidelines. Additionally, there is no documentation supporting objective functional improvement with benzodiazepines for the injured worker's anxiety. Consequently, absent the appropriate documentation, Xanax 2 mg #60 is not medically necessary.

**MS Contin 60mg #30:** Upheld

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

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

**Decision rationale:** Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, MS Contin 60 mg #30 is not medically necessary. Ongoing, chronic opiate use requires ongoing review and documentation of pain relief, functional status, appropriate medication use and side effects. A detailed pain assessment should accompany ongoing chronic opiate abuse. Satisfactory response to treatment may be indicated by the patient's decreased pain, increase level of function or improve quality of life. The lowest possible dose should be prescribed to improve pain and function. In this case, the injured worker is complaining of ongoing low back pain. The working diagnoses are chronic pain, lumbar spine degenerative disc disease and opiate dependency. Notably, the injured worker has a history of depression and drug use. There is no risk assessment in the medical record documentation. The documentation reflects the injured worker was taking MS Contin 60 mg, MS Contin 30 mg, and Percocet and Xanax in a progress note dated April 21, 2014. These medications were renewed monthly in May, June, July, August and September 2014. There is no objective functional improvement documented in the medical record regarding the use of opiates. Additionally, multiple opiates are being used by this injured worker with a past medical history of drug abuse. There is no compelling clinical documentation in the medical record to support the ongoing use of MS

Contin 60 mg in conjunction with the additional two opiates and benzodiazepines. Consequently, MS Contin 60 mg #30 is not medically necessary.

**MS Contin 30mg #30:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 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, MS Contin 30 mg #30 is not medically necessary. Ongoing, chronic opiate use requires ongoing review and documentation of pain relief, functional status, appropriate medication use and side effects. A detailed pain assessment should accompany ongoing chronic opiate abuse. Satisfactory response to treatment may be indicated by the patient's decreased pain, increase level of function or improve quality of life. The lowest possible dose should be prescribed to improve pain and function. In this case, the injured worker is complaining of ongoing low back pain. The working diagnoses are chronic pain, lumbar spine degenerative disc disease and opiate dependency. Notably, the injured worker has a history of depression and drug use. There is no risk assessment in the medical record documentation. The documentation reflects the injured worker was taking MS Contin 30 mg, MS Contin 60 mg, and Percocet and Xanax in a progress note dated April 21, 2014. These medications were renewed monthly in May, June, July, August and September 2014. There is no objective functional improvement documented in the medical record regarding the use of opiates. Additionally, multiple opiates are being used by this injured worker with a past medical history of drug abuse. There is no compelling clinical documentation in the medical record to support the ongoing use of MS Contin 30 mg in conjunction with the additional two opiates and benzodiazepines. Consequently, MS Contin 30 mg #30 is not medically necessary.

**MS IR 15mg #120:** Upheld

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

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

**Decision rationale:** Pursuant to the Chronic Pain Treatment Guidelines and the Official Disability Guidelines, MS IR 15 mg #120 is not medically necessary. Ongoing, chronic opiate use requires ongoing review and documentation of pain relief, functional status, appropriate medication use and side effects. A detailed pain assessment should accompany ongoing chronic opiate abuse. Satisfactory response to treatment may be indicated by the patient's decreased pain, increase level of function or improve quality of life. The lowest possible dose should be

prescribed to improve pain and function. In this case, the injured worker is complaining of ongoing low back pain. The working diagnoses were chronic pain, lumbar spine degenerative disc disease and opiate dependency. Notably, the injured worker has a history of depression and drug use. There is no risk assessment in the medical record documentation. The documentation reflects the injured worker was taking MS Contin 30 mg, MS Contin 60 mg, and Percocet and Xanax in a progress note dated April 21, 2014. These medications were renewed monthly in May, June, July, August and September 2014. There is no objective functional improvement documented in the medical record regarding the use of opiates. Additionally, multiple opiates are being used by this injured worker with a past medical history of drug abuse. In October 20, 2014 progress note indicates Percocet was discontinued and Morphine Sulfate IR 15 mg was substituted. The remainder of the plan was to refill the existing medications. There is no clinical rationale in the medical record to explain the use of Morphine Sulfate IR in conjunction with MS Contin 30 mg and MS Contin 60 mg in a patient with a past medical history of drug abuse. Consequently, MS IR 15 mg #120 is not medically necessary.