

Case Number:	CM14-0193440		
Date Assigned:	12/01/2014	Date of Injury:	11/12/2000
Decision Date:	01/13/2015	UR Denial Date:	10/22/2014
Priority:	Standard	Application Received:	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 41-year-old man with a date of injury of November 12, 2000. The IW has been receiving treatment for low back pain with bilateral lower extremity radiation and weakness as a result of a work related injury when the rear of a diesel truck fell on his back. Pursuant to the most recent progress noted dated September 30, 2014, the IW complains of low back pain radiating down both legs. Pain has remained unchanged since last visit. The IW rates his pain with mediations at 5/10, and 9/10 without medications. Quality of sleep is fair. He has decreased activity level. Objective physical findings revealed a well groomed, well nourished, and well-developed man. He does not show any sign of intoxication or withdrawal. Inspection of the lumbar spine reveals loss of lordosis with straightening of the lumbar spine and surgical scars. Range of motion is restricted with flexion limited to 10 degrees, and extension limited to 5 degrees. On palpation, paravertebral muscles, hypertonicity, spasm, tenderness, tight muscle band and trigger point (a twitch response was obtained along with radiating pain on palpation) is noted on both sides. Spinous process tenderness is noted on L4. Straight leg raise test is positive on both sides in the supine position. Cranial nerves are grossly intact. Sensory exam reveals light touch sensation is decreased bilaterally. The IW has been diagnosed with lumbar radiculopathy; mood disorder, and post laminectomy syndrome. Current medications include MS Contin 30mg, MS Contin 60mg, Valium 10mg, Xanax, Lexapro 30mg, and Viagra 100mg. Documentation in the medical record indicated that the IW has been taking the Valium and Xanax since at least December of 2010. Prior to the MS Contin, the IW was taking Oxycontin for an extended period of time. A note dated April 15, 2013 indicated that the treating physician would try changing the Oxycontin to MS Contin. The IW has been taking MS Contin, since April of 2013. The provider documents that he had a discussion the IW regarding opioid medication and warned him to never drink alcohol while on opioid medications. The provider states that he will send out a urine drug

sample for quantitative analysis and result confirmation. There were no urine drug screens in the medical record for review. There were no detailed pain assessments or documentation of functional improvement documented in the medical record. The treating physician is recommending the continuation of current medications, and is requesting a shower chair (DME). The indication for the shower chair is not provided.

IMR ISSUES, DECISIONS AND RATIONALES

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

Xanax 1mg #56: 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 Section, Benzodiazepines

Decision rationale: According to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, benzodiazepines are not recommended for long-term use (within two weeks) because long-term efficacy is unproven and there is a risk of psychological and physical dependence or addiction. Chronic benzodiazepines are the treatment of choice in very few conditions. In this case, the injured worker was being treated for lumbar degenerative disc disease; and is status post L5 - S1 fusion. A review of the medical records from December 2, 2010 indicates the injured worker was taking OxyContin 80 mg b.i.d., oxycodone 5 mg as needed and Valium 10 mg four times a day. Additionally, he was taking Xanax concurrently. The valium was subsequently discontinued but the Xanax was continued and increased. The utilization review note from progress note dated March 2, 2011 indicates the injured workers medical assessment is "extraordinarily complex with the interplay of unsuccessful results from a technically competent surgical procedure that resulted in chronic pain along with profound psychological difficulties in a patient who has developed severe opioid and benzodiazepine tolerance." Additionally, there are multiple physicians treating the injured worker. A September 30th, 2014 progress note indicates the injured worker is taking MS Contin 15 mg one in the morning, one of the afternoon and two in the middle of the night; MS Contin 60 mg one tablet three times a day; Xanax 1 mg one tablet twice a day Valium 10 mg one tablet three times a day as needed in addition to Viagra and Lexapro. The plan is to continue the opiates and benzodiazepines at the existing dose and frequency. The treatment plan references a discussion about opioid treatments with the patient. The patient was warned not to drink alcohol while on opiates. The urine tox screen was going to be sent out. However, there was no evidence of a urine drug screen performed. The injured worker has a history of opioid and benzodiazepine tolerance and has been taking both drugs for several years in excess of the recommended guidelines. Additionally, there are no detailed pain assessments in the medical record; however, there are regular refills of both opiates and benzodiazepines. There is no documentation of objective functional improvement with regard to the opiate and benzodiazepine use. Consequently, absent the appropriate clinical documentation, evidence of objective functional

improvement and the long-term use of benzodiazepines (well in excess of the recommended guidelines), Xanax 1 mg #56 is not medically necessary.

MS Contin 60mg #84: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Weaning of Medications.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opiates Page(s): 75-96. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Section, Opiates

Decision rationale: Per the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, ongoing, chronic opiate use requires an ongoing review and documentation of pain relief, functional status, appropriate medication use and side effects. Detailed pain assessments should accompany ongoing opiate use. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function or improved quality of life. The lowest possible dose should be prescribed to improve pain and function. In this case, the injured worker was being treated for lumbar degenerative disc disease; and is status post L5 - S1 fusion. A review of the medical records from December 2, 2010 indicates the injured worker was taking OxyContin 80 mg b.i.d., oxycodone 5 mg as needed and Valium 10 mg four times a day. Additionally, he was taking Xanax concurrently. The valium was subsequently discontinued but the Xanax was continued and increased. The utilization review note from progress note dated March 2, 2011 indicates the injured workers medical assessment is extraordinarily complex with the interplay of an unsuccessful results from a technically competent surgical procedure that resulted in chronic pain along with profound psychological difficulties in a patient who has developed severe opioid and benzodiazepine tolerance. Additionally, there are multiple physicians treating the injured worker. A September 30th, 2014 progress note indicates the injured worker is taking MS Contin 15 mg one in the morning, one of the afternoon and two in the middle of the night; MS Contin 60 mg one tablet three times a day; Xanax 1 mg one tablet twice a day Valium 10 mg one tablet three times a day as needed in addition to Viagra and Lexapro. The plan is to continue the opiates and benzodiazepines at the existing dose and frequency. The treatment plan references a discussion about opioid treatments with the patient. The patient was warned not to drink alcohol while on opiates. The urine drug screen was going to be sent out. However, there was no evidence of a urine drug screen performed. The injured worker has a history of opioid and benzodiazepine tolerance and has been taking both drugs for several years in excess of the recommended guidelines. Additionally, there are no detailed pain assessments in the medical record; however, there are regular refills of both opiates and benzodiazepines. There is no documentation of objective functional improvement with regard to the opiate and benzodiazepine use. Consequently, absent the appropriate clinical documentation, evidence of objective functional improvement and the long-term use of opiates (well in excess of the recommended guidelines), MS Contin 60mg #84 is not medically necessary.

Shower Chair:

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); Knee Section, DME

Decision rationale: Per the Official Disability Guidelines, durable medical equipment is recommended generally if there is a medical need and if the device or system meets Medicare's definition of durable medical equipment (DME). Most bathroom and toilet supplies do not customarily serve medical purpose and are primarily used for convenience in the home. DME is defined as equipment which could withstand repeated use, is primarily and customarily used to serve the medical purpose, generally is not useful to a person in the absence of illness or injury, and is appropriate for use in the patient's home. There is no documentation to support a medical need and consequently, shower chair is not medically necessary.