

<b>Case Number:</b>	CM14-0200102		
<b>Date Assigned:</b>	01/13/2015	<b>Date of Injury:</b>	09/25/1998
<b>Decision Date:</b>	02/19/2015	<b>UR Denial Date:</b>	11/21/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/01/2014

### 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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California, Texas, Florida

Certification(s)/Specialty: Anesthesiology, Pain Management, Hospice & Palliative Medicine

### 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 is a 65 y/o Female who had industrial injury on 9/25/98 related to a fall. In the documentation available for review she is seen every 2 weeks getting trigger point injections and medications every month. Urine Drug Screens have been consistent with her medications and Trigger point injections decrease her pain by 50%. Examination on 11/10/14 has injured worker stating with medications the patient is able to do simple chores and minimal activities outside of the house two days a week and without medications patient is in bed all day, feeling hopeless and helpless about life. Pain score with medications is 8 out of 10 and without medications is 10 out of 10. It is noted the ibuprofen keeps her myositis at a minimal. The combination of Norco and Kadian reduce her pain from 10/10 to 7-8/10 and improves functioning. Also for several months it is noted that the instructions on the Norco is to taper down as tolerated but no change is ever noted. On 11/21/14 a non-certification recommendation was made for the request of Ibuprofen, Kadian 40mg, Kadian 60mg, Xanax, Skelaxin, and Norco from dates 11/18/2014 to dates 1/2/2015. The rationale for the denial was due to lack of significant functional improvement documented on the medication.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**100 Tablets of Ibuprofen 600mg: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 67-68.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines (Effective July 18, 2009) Page(s): 67-72.

**Decision rationale:** Regarding the request for ibuprofen, Chronic Pain Medical Treatment Guidelines state that NSAIDs are recommended at the lowest dose for the shortest period in patients with moderate to severe pain. Within the documentation available for review, there is no indication that ibuprofen is providing any specific analgesic benefits (in terms of percent pain reduction, or reduction in numeric rating scale), or any objective functional improvement. The physician uses a broad term that medications improve function in enabling injured worker to leave her bed however the physician does not specifically describe how much each medication contributes to documented functional improvement or how much each medication does not contribute to any functional improvement. It is unclear how much each individually helps to the injured worker being able to get out of bed or if any could be stopped and the injured worker could still get out of bed. No such evidence is available in the documents available for review. In the absence of such documentation, the currently requested Ibuprofen is not medically necessary.

**30 Tablets of Kadian 40mg:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 67 and 68.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines (Effective July 18, 2009) Page(s): 44, 47, 75-79 and 120.

**Decision rationale:** Regarding the request for Kadian, California Pain Medical Treatment Guidelines state that Kadian is an opiate pain medication. Due to high abuse potential, close follow-up is recommended with documentation of analgesic effect, objective functional improvement, side effects, and discussion regarding any aberrant use. Guidelines go on to recommend discontinuing opioids if there is no documentation of improved function and pain. Within the documentation available for review, there is no documentation regarding side effects, and no discussion regarding aberrant use. In addition, the physician uses a broad term that medications improve function in enabling injured worker to leave her bed however the physician does not specifically describe how much each medication contributes to documented functional improvement or how much each medication does not contribute to any functional improvement. It is unclear how much each individually helps to the injured worker being able to get out of bed or if any could be stopped and the injured worker could still get out of bed. No such evidence is available in the documents available for review. Nonetheless, guidelines are not being followed. Opioids should not be abruptly discontinued, but unfortunately, there is no provision to modify the current request to allow tapering. In light of the above issues, the currently requested Kadian is not medically necessary.

**90 capsules of Kadian 60mg:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 67 and 68.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines (Effective July 18, 2009) Page(s): 44, 47, 75-79 and 120.

**Decision rationale:** Regarding the request for Kadian, California Pain Medical Treatment Guidelines state that Kadian is an opiate pain medication. Due to high abuse potential, close follow-up is recommended with documentation of analgesic effect, objective functional improvement, side effects, and discussion regarding any aberrant use. Guidelines go on to recommend discontinuing opioids if there is no documentation of improved function and pain. Within the documentation available for review, there is no documentation regarding side effects, and no discussion regarding aberrant use. In addition, the physician uses a broad term that medications improve function in enabling injured worker to leave her bed however the physician does not specifically describe how much each medication contributes to documented functional improvement or how much each medication does not contribute to any functional improvement. It is unclear how much each individually helps to the injured worker being able to get out of bed or if any could be stopped and the injured worker could still get out of bed. No such evidence is available in the documents available for review. Nonetheless, guidelines are not being followed. Opioids should not be abruptly discontinued, but unfortunately, there is no provision to modify the current request to allow tapering. In light of the above issues, the currently requested Kadian is not medically necessary.

#### **24 Tablets of Xanax 0.25mg: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 63 and 64.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines (Effective July 18, 2009) Page(s): 24.

**Decision rationale:** Regarding the request for Xanax (Alprazolam), Chronic Pain Medical Treatment Guidelines state the benzodiazepines are "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... 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." Within the documentation available for review, there is no documentation identifying any objective functional improvement as a result of the use of the medication and no rationale provided for long-term use of the medication despite the CA MTUS recommendation against long-term use. In addition, the physician uses a broad term that medications improve function in enabling injured worker to leave her bed however the physician does not specifically describe how much each medication contributes to documented functional improvement or how much each medication does not contribute to any functional improvement. It is unclear how much each individually helps to the injured worker being able to get out of bed or if any could be stopped and the injured worker could still get out of bed. No such evidence is available in the

documents available for review. Benzodiazepines should not be abruptly discontinued, but unfortunately, there is no provision to modify the current request to allow tapering. In the absence of such documentation, the currently requested Xanax (Alprazolam) is not medically necessary.

**90 tablets of Skelaxin 800mg:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 77 and 78.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines (Effective July 18, 2009) Page(s): 63-66.

**Decision rationale:** Regarding the request for Metaxalone (Skelaxin), Chronic Pain Medical Treatment Guidelines support the use of non-sedating muscle relaxants to be used with caution as a 2nd line option for the short-term treatment of acute exacerbations of pain. Guidelines go on to state that Metaxalone specifically is thought to work by general depression of the central nervous system. Within the documentation available for review, there is no identification of a specific analgesic benefit or objective functional improvement as a result of the Metaxalone. Also, the physician uses a broad term that medications improve function in enabling injured worker to leave her bed however the physician does not specifically describe how much each medication contributes to documented functional improvement or how much each medication does not contribute to any functional improvement. It is unclear how much each individually helps to the injured worker being able to get out of bed or if any could be stopped and the injured worker could still get out of bed. No such evidence is available in the documents available for review. Additionally, it does not appear that this medication is being prescribed for the short-term treatment of an acute exacerbation, as recommended by guidelines. In the absence of such documentation, the currently requested Metaxalone (Skelaxin) is not medically necessary.

**180 tablets of Norco 10mg/325mg:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 77 and 78.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines (Effective July 18, 2009) Page(s): 44, 47, 75-79 and 120.

**Decision rationale:** Regarding the request for Norco (Hydrocodone/Acetaminophen), California Pain Medical Treatment Guidelines state that Norco (Hydrocodone/Acetaminophen) is an opiate pain medication. Due to high abuse potential, close follow-up is recommended with documentation of analgesic effect, objective functional improvement, side effects, and discussion regarding any aberrant use. Guidelines go on to recommend discontinuing opioids if there is no documentation of improved function and pain. Within the documentation available for review, there is no documentation regarding side effects, and no discussion regarding aberrant use. In addition, the physician uses a broad term that medications improve function in enabling injured worker to leave her bed however the physician does not specifically describe how much each

medication contributes to documented functional improvement or how much each medication does not contribute to any functional improvement. It is unclear how much each individually helps to the injured worker being able to get out of bed or if any could be stopped and the injured worker could still get out of bed. No such evidence is available in the documents available for review. Nonetheless, guidelines are not being followed. Opioids should not be abruptly discontinued, but unfortunately, there is no provision to modify the current request to allow tapering. In light of the above issues, the currently requested Norco (Hydrocodone/Acetaminophen) is not medically necessary.