

<b>Case Number:</b>	CM15-0000297		
<b>Date Assigned:</b>	01/09/2015	<b>Date of Injury:</b>	11/13/2008
<b>Decision Date:</b>	03/10/2015	<b>UR Denial Date:</b>	12/02/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/02/2015

### 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

Certification(s)/Specialty: Physical Medicine & Rehabilitation

### 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 44 year old male, who sustained an industrial injury on November 6, 2008, while working as a concrete pump operator. He has reported chronic pain in the low back with occasional associated hip pain, decreased sensation from the thigh to the toes and right leg numbness and was diagnosed with lumbar spondylosis without myelopathy, lumbar degenerative disc disease and lumbar radiculitis. Treatment to date has included surgical procedure, epidural steroid injection, TENS unit initiation and pain medications. Currently, the IW complains of chronic back pain. The IW was noted to be "off work" since the date of injury. The IW was noted to have previously undergone the placement of a TENS unit and lumbar rhizotomy. On March 26, 2014 the IW was noted to have received a lumbar epidural steroid injection. On November 25, 2014, the IW presented for a follow up and complained of continued, constant back pain. He reported struggling with a recent decrease in medication. It was noted at this time he was to continue physical therapy and an established home exercise program. He was requesting a medication refill at this time. Case management noted the decrease of pain medication started on July 28, 2014, when use of ice, heat and the TENS unit was encourages. Also noted by case management was another decrease in pain medication on August 4, 2014. It was noted the IW needed to make a decision to proceed with surgical procedure or not. On December 2, 2014, Utilization Review non-certified requests for 150 Roxycodone, 30 mg, 60 Soma, 350mg and 90 Xanax, 1mg noting the MTUS guidelines. On January 2, 2015, the injured worker submitted an application for IMR for review of the requested, 150 Roxycodone, 30 mg, 60 Soma, 350mg and 90 Xanax, 1mg.

## IMR ISSUES, DECISIONS AND RATIONALES

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

### **150 Roxicodone 30 mg:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines CRITERIA FOR USE OF OPIOIDS Page(s): 76-78,88-89.

**Decision rationale:** This patient presents with severe low back pain with stiffness and muscles spasms. The patient also complains of bilateral hip pain. The current request is for 150 ROXICODONE 30MG. For chronic opiates, MTUS Guidelines pages 88 and 89 states, "Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." MTUS page 78 also requires documentation of the 4As (analgesia, ADLs, adverse side effects, and adverse behavior), as well as "pain assessment" or outcome measures that include current pain, average pain, least pain, intensity of pain after taking the opioid, time it takes for medication to work and duration of pain relief. This patient has been utilizing this medication since at least 2/26/14. Reports dated 7/21/14 and 8/14/14 recommended weaning the patient off narcotic use. According to progress report dated 9/30/14, the patient rates his pain as 9/10. He is utilizing the medications Roxicodone 30mg, Soma 350mg and Xanax 1mg with no side effects and no evidence of addiction or diversion. Treatment plan included wean Roxicodone slowly. In this case, recommendation for refill of Roxicodone cannot be made, as the treating physician has not provided any specific functional improvement, changes in ADLs, or change in work status to show significant functional improvement. The medical file also does not provide any drug screening or CURES report to monitor for compliance. The treating physician has failed to document the minimum requirements of documentation that are outlined in MTUS for continued opiate use. The requested Roxicodone IS NOT medically necessary and recommendation is for slow weaning per MTUS guidelines.

### **60 Soma 350 mg:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines muscle relaxants Page(s): 63-66.

**Decision rationale:** This patient presents with severe low back pain with stiffness and muscles spasms. The patient also complains of bilateral hip pain. The current request is for 60 SOMA 350MG. The MTUS Guidelines page 63 regarding muscle relaxants states, recommended non-sedating muscle relaxants with caution as a second-line option for short term treatment of acute exacerbation of patients with chronic LBP. Muscle relaxants may be effective in reducing pain and muscle tension and increasing mobility; however, in most LBP cases, they showed no

benefit beyond NSAIDs and pain with overall improvement. Efficacy appears to diminish over time and prolonged use of some medications in this class may lead to dependence. This patient has been utilizing this medication since at least 2/26/14. The MTUS specifically states for Soma, the maximum recommendation for usage is 2 to 3 weeks. The requested Soma IS NOT medically necessary.

**90 Xanax 1 mg:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (Chronic)

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

**Decision rationale:** This patient presents with severe low back pain with stiffness and muscles spasms. The patient also complains of bilateral hip pain. The current request is for 90 XANEX 1MG. The MTUS Guidelines page 24 states, benzodiazepines are not recommended for long-term use because long-term efficacies are unproven and there is a risk of dependence. Most guidelines limit use to 4 weeks. This patient has been utilizing this medication since at least 6/4/14. The MTUS Guidelines recommends maximum of 4 weeks due to unproven efficacy and risk of dependence. The requested Xanax IS NOT medically necessary.