

<b>Case Number:</b>	CM15-0001156		
<b>Date Assigned:</b>	01/12/2015	<b>Date of Injury:</b>	09/22/2005
<b>Decision Date:</b>	03/13/2015	<b>UR Denial Date:</b>	12/04/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/05/2015

### 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, Hawaii  
 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 is a 57 year old male, who sustained a work related injury on 9/22/05. The diagnoses have included lumbar radiculopathy, lumbar sprain/strain, depression, anxiety and right shoulder injury. Treatment to date has included oral medications, right shoulder surgery in 2005 and 2007, right shoulder manipulation under anesthesia in 2007 and 2008, physical therapy, x-rays and pulmonary function testing. Currently, the injured worker complains of constant low back pain that radiates down both legs with numbness and tingling. He rates this pain a 6/10. He complains of constant right shoulder pain which he rates a 6-7/10. Both areas rate a 9/10 without medications. On 12/4/14, Utilization Review non-certified a prescription request for Naproxen sodium 550 mg. #30, noting that NSAIDS are recommended for short term use for chronic pain. He has been taking naproxen sodium for over a year. The California MTUS, Chronic Pain Medical Treatment Guidelines, were cited. On 12/4/14, Utilization Review non-certified a prescription request for Xanax 1.0 mg. #60, noting the benzodiazepine, such as Xanax, is recommended for short term use in the management of anxiety due to risk of dependence. It is noted that the injured worker has been on this medication since 2011. Previous Utilization Reviews for this medication have allowed for tapering the drug to avoid withdrawal symptoms. The MTUS, Chronic Pain Medical Treatment Guidelines, were cited. On 12/4/14, Utilization Review non-certified a prescription request for Ativan 1.0 mg. #60, noting the use of this medication is not recommended for long-term use due to the risk of dependence. There is little benefit in using this medication for the treatment of spasms. The MTUS, Chronic Pain Medical Treatment Guidelines, were cited. On 12/4/14, Utilization Review non-certified a request for 1

ortho evaluation for the right shoulder noting a specialist referral may be indication if the injured worker's symptoms persist beyond four weeks with no progression as expected with treatment. Two ortho requests have been certified on 10/22/14 and 10/29/14. This request does not seem appropriate at this time. The MTUS, Chronic Pain Medical Treatment Guidelines, were cited. On 12/4/14, Utilization Review non-certified a request for 1 psych evaluation for depression, noting a psych evaluation would be appropriate to request for chronic pain issues due to depression and anxiety despite treatment with medications. It is noted that psychological evaluation would help with a reduction in depressive symptoms, decreased pain and improved functional status. I was found that there have been two psych evaluations certified on 10/22/14 and 10/29/14. This request is not appropriate at this time. The ACOEM Guidelines, Chapter 6, pages 105-117 were cited. On 12/4/14, Utilization Review non-certified a request for 1 urine drug screen noting the frequency of performing urine drug screen should be based on risk assessment and the chance of opioid misuse. The injured worker has been on opioid medication for long period of time. In the documentation, it does not appear the he has a history of risk factors or misuse of the medication. The injured worker does have a history of depression and anxiety. He has been previously certified for urine drug screens on 10/22/14 and 10/29/14. The MTUS, Chronic Pain Medical Treatment Guidelines, were cited.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

#### **Naproxen Sodium 550mg #30: Overturned**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS Page(s): 67-73.

**Decision rationale:** The patient presents with chronic lower back pain and associated pain referral, numbness and tingling into the lower extremities. He also has chronic pain in the right shoulder. The current request is for Naproxen Sodium 550 mg #30. The treating physician has documented that the patient has been stable on Naproxen Sodium since at least 7/12/13 for at least the last year. There are no reports that indicate the patient suffers with dyspepsia. The MTUS guidelines state that NSAIDS are recommended for the treatment of osteoarthritis. There is no information reported that the patient is suffering from any side effects from this medication. As such, recommendation is for authorization.

#### **Xanax 1.0mg #60: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Sheldon LK, Swanson S, Dolce A, Marsh K, Summers J. Putting evidence into practice: evidence based interventions for anxiety. Clin J Oncol Nurs 2008 Oct

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

**Decision rationale:** The patient presents with chronic lower back pain and associated pain referral, numbness and tingling into the lower extremities. He also has chronic pain in the right shoulder. The current request is for Xanax 1.0mg #60. Xanax (alprazolam) belongs to a class of drugs called benzodiazepines and is used to treat anxiety disorders, panic disorders and anxiety caused by depression. The MTUS guidelines state that benzodiazepines are not recommended for long-term use because long-term efficacy is unproven and there is a risk of dependence. 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. Most guidelines limit use to 4 weeks. Available medical records would suggest the patient has been using this drug since at least 2011. There is no documentation supplied that would supersede the MTUS guidelines and the guidelines do not support continued usage of this medication. As such, my recommendation is for denial of Xanax.

**Ativan 1mg #30:** Upheld

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

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

**Decision rationale:** The patient presents with chronic lower back pain and associated pain referral, numbness and tingling into the lower extremities. He also has chronic pain in the right shoulder. The current request is for Ativan 1.0mg #30. Ativan like Xanax belongs to a class of drugs known as Benzodiazepines. Ativan is used to treat anxiety disorders, panic disorders and anxiety caused by depression. The MTUS guidelines state that benzodiazepines are not recommended for long-term use because long-term efficacy is unproven and there is a risk of dependence. 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. Most guidelines limit use to 4 weeks. Available medical records would indicate that this patient has taken this medication since at least 11/26/13. As such, my recommendation is for denial.

**Ortho Evaluation for the Right Shoulder:** Overturned

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Guidelines, Chapter 6 (Pain, Preventing and Managing Chronic Pain) (2004), page 105-117

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM, Chapter 7

**Decision rationale:** The patient presents with chronic lower back pain and associated pain referral, numbness and tingling into the lower extremities. He also has chronic pain in the right shoulder. The current request is for Orthopedic evaluation of the right shoulder. The documentation does support ongoing shoulder pain following surgery in spite of continued treatment with medication and home exercise. The ACOEM guidelines indicate that a specialist referral may be indicated if symptoms persist greater than 4 weeks and with failure to progress as anticipated. As such, recommendation is for approval of the request for Orthopedic evaluation of the right shoulder.

**Psych Evaluation for Depression:** Overturned

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

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM, Chapter 7

**Decision rationale:** The patient presents with chronic lower back pain and associated pain referral, numbness and tingling into the lower extremities. He also has chronic pain in the right shoulder. The current request is for Psychological evaluation for depression. According to the medical records made available for review, the patient continues to have chronic right shoulder pain, low back pain and pain referral into his lower extremities. Because of confirmed pain leading to depression the attending physician recommended a psychological evaluation. The ACOEM guidelines on page 127 state that specialty referral is indicated to aid in the diagnosis, prognosis, therapeutic management, determination of medical stability, and permanent residual loss and/or the examinee's fitness for return to work. The current request is supported by the ACOEM guidelines for specialty referral. The attending physician feels that additional expertise may be required. As such, recommendation is for authorization of psychological evaluation.

**Urine Drug Screen:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, steps to avoid misuse/addiction. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain (Chronic), Urine Drug Testing

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioid management Page(s): 77. Decision based on Non-MTUS Citation Pain chapter: UDS

**Decision rationale:** The patient presents with chronic lower back pain and associated pain referral, numbness and tingling into the lower extremities. He also has chronic pain in the right shoulder. The current request is for Urine Drug Screen. MTUS page 77, under opioid management: (j) "Consider the use of a urine drug screen to assess for the use or the presence of illegal drugs." ODG has the following criteria regarding Urine Drug Screen: "Patients at low risk of addiction/aberrant behavior should be tested within six months of initiation of therapy and on a yearly basis thereafter. There is no reason to perform confirmatory testing unless the test is inappropriate or there are unexpected results. If required, confirmatory testing should be for the

questioned drugs only. Patients at "moderate risk" for addiction/aberrant behavior are recommended for point-of-contact screening 2 to 3 times a year with confirmatory testing for inappropriate or unexplained results. Patients at "high risk" of adverse outcomes may require testing as often as once per month. This category generally includes individuals with active substance abuse disorders." In reviewing the medical records, the only mention pertaining to the request is that the results of the screen will be used in part during the next schedule appointment to determine consistent medication management for the patient's prescription medication. Review of the reports do not show that urine drug screens are used excessively. ODG and MTUS do support periodic urine toxicology for opiate management. Recommendation is for authorization of Urine Drug Screen.