

<b>Case Number:</b>	CM15-0002760		
<b>Date Assigned:</b>	01/15/2015	<b>Date of Injury:</b>	07/09/2009
<b>Decision Date:</b>	04/07/2015	<b>UR Denial Date:</b>	01/02/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/06/2015

### 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: Preventive Medicine, Occupational 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:

The injured worker is a 50 year old female who sustained an industrial related injury on 7/9/09. The injured worker had complaints of cervical spine, lumbar spine, and bilateral shoulder pain. The injured worker was taking norco, soma, xanax, and received a steroid injection to the right shoulder. The diagnoses were cervical intervertebral disc displacement, cervical radiculitis, low back pain, lumbar disc displacement, and lumbar radiculopathy. On 1/6/15 the treating physician requested authorization for additional 3 office visits, Xanax 2mg 1 tablet twice a day, soma 350mg 1 tab 3 times a day, oxycodone HCL 30mg 1 tab every 5 hours, and fentanyl patch 12mcg/hr 1 patch to the skin/transdermal every 72 hours. On 1/2/15 the requests were non-certified. Regarding 3 office visits the utilization review (UR) physician cited the Official Disability Guidelines and noted the requested number of visits exceeds guidelines. Regarding xanax, the UR physician cited the Chronic Pain Medical Treatment Guidelines and noted within the medical information available for review there was no documentation of the intended duration of therapy with xanax. Regarding soma, the UR physician cited the Chronic Pain Medical Treatment Guidelines and noted there was no documentation of acute muscle spasms and the intention to treat over a short course. Regarding oxycodone, the UR physician cited the Chronic Pain Medical Treatment Guidelines and noted there was no documentation the prescriptions are from a single practitioner and are taken as directed. Regarding fentanyl patches the UR physician cited the Chronic Pain Medical Treatment Guidelines and noted there was no documentation of pain that requires continuous around the clock opioid administration over an extended period of time that cannot be managed by other means.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Additional 3 visits office visits:** 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) Evaluation and Management.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303.

**Decision rationale:** The ACOEM guidelines and the Official Disability Guidelines were both reviewed in regards to follow-up visits. Each reference deals primarily with the acute aspects of an injury. The typical timeframe for follow-up visits in a chronic injury is 3-6 months. The request exceeds the recommended number of follow-up visits and the usual recommended timeframe. Additional 3 visits office visits is not medically necessary.

**Xanax 2mg 1 tablet twice a day:** Upheld

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

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

**Decision rationale:** Xanax (alprazolam) is a benzodiazepine medication used to treat anxiety and panic disorders. The MTUS states that 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. Their range of action includes sedative/hypnotic, anxiolytic, anticonvulsant, and muscle relaxant. Chronic benzodiazepines are the treatment of choice in very few conditions. Xanax 2mg 1 tablet twice a day is not medically necessary.

**Soma 350mg 1 tab 3 times a day:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants Page(s): 63. Decision based on Non-MTUS Citation Official Disability Guidelines, (ODG, Pain Chapter).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 29.

**Decision rationale:** The MTUS states that carisoprodol is not recommended and is not indicated for long-term use. Abuse has been noted for sedative and relaxant effects. In regular abusers the main concern is the accumulation of meprobamate. There was a 300% increase in numbers of

emergency room episodes related to carisoprodol from 1994 to 2005. There is little research in terms of weaning of high dose carisoprodol and there is no standard treatment regimen for patients with known dependence. Soma 350mg 1 tab 3 times a day is not medically necessary.

**Oxycodone HCL 30mg 1 tab every 5 hours: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines On-going management Page(s): 81, 79-80. Decision based on Non-MTUS Citation Official Disability Guidelines, (ODG, Pain Chapter).

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

**Decision rationale:** The Chronic Pain Medical Treatment Guidelines state that continued or long-term use of opioids should be based on documented pain relief and functional improvement or improved quality of life. Despite the long-term use of oxycodone, the patient has reported very little, if any, functional improvement or pain relief over the course of the last 6 months. Oxycodone HCL 30mg 1 tab every 5 hours is not medically necessary.

**Fentanyl Patch 12mcg/hr 1 patch to the skin/Transdermal every 72 hours: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Duragesic Page(s): 44.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 60.

**Decision rationale:** According to the MTUS in regard to medications for chronic pain, only one medication should be given at a time, and interventions that are active and passive should remain unchanged at the time of the medication change. A trial should be given for each individual medication. A record of pain and function with the medication should be recorded. According to this citation from the MTUS, medications should not be initiated in a group fashion, and specific benefit with respect to pain and function should be documented for each medication. There is no documentation of the above criteria for either of narcotics, fentanyl patches or oxycodone, which the patient has been taking. Fentanyl Patch 12mcg/hr 1 patch to the skin/Transdermal every 72 hours is not medically necessary.