

<b>Case Number:</b>	CM15-0003472		
<b>Date Assigned:</b>	01/14/2015	<b>Date of Injury:</b>	08/15/2008
<b>Decision Date:</b>	03/17/2015	<b>UR Denial Date:</b>	12/22/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/07/2015

### 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 64 year old female, who sustained an industrial injury on August 15, 2008. She has reported lower back pain and neck pain. The diagnoses have included cervical and lumbar post-laminectomy syndrome, depressive disorder, and anxiety. Treatment to date has included physical therapy, medications, two cervical spine fusion surgeries and a lumbar spine fusion surgery. Currently, the injured worker complains of increasing bilateral arm pain and numbness, ongoing lower back pain radiating to the legs, sleep disturbances and poor mood. The treating physician is requesting prescriptions for Oxycontin and Lorazepam based on the injured worker's inability to wean from the medications and the denials for requests for detoxification. On December 22, 2014 Utilization Review partially certified the request for the prescription for Oxycontin with an adjustment for the quantity. The Utilization Review non-certified the request for the prescription for Lorazepam, noting the lack of documentation to support the medical necessity of the medication. The MTUS Chronic Pain Treatment Guidelines were cited.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Lorazepam 0.5mg #24:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines section, Weaning of Medications section Page(s): 24, 124.

**Decision rationale:** The MTUS Guidelines do not recommend the use of benzodiazepines for long-term use because long-term efficacy is unproven and there is a risk of dependence, and long-term use may actually increase anxiety. The injured worker has already been on this medication for over four weeks, and tapering is recommended when used for greater than two weeks. This request is for continued use, and not for tapering or weaning off the medication. Utilization review recommended modifying this request to allow for weaning. The request for Lorazepam 0.5 mg #24 is determined to not be medically necessary.

**Oxycontin 40mg #90:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids section, Weaning of Medications section Page(s): 74-95, 124.

**Decision rationale:** The MTUS Guidelines do not recommend the use of opioid pain medications, in general, for the management of chronic pain. There is guidance for the rare instance where opioids are needed in maintenance therapy, but the emphasis should remain on non-opioid pain medications and active therapy. Long-term use may be appropriate if the patient is showing measurable functional improvement and reduction in pain in the absence of non-compliance. Functional improvement is defined by either significant improvement in activities of daily living or a reduction in work restriction as measured during the history and physical exam. The injured worker has been treated chronically with opioid pain medications. The medical reports do not indicate that the injured worker has had significant pain reduction and objective functional improvement as a result of opioid pain medication use. It is not recommended to discontinue opioid treatment abruptly, as weaning of medications is necessary to avoid withdrawal symptoms when opioids have been used chronically. This request however is not for a weaning treatment, but to continue treatment. Utilization review modified the request to allow for weaning. The request for Oxycontin 40 mg #90 is determined to not be medically necessary.