

<b>Case Number:</b>	CM15-0134456		
<b>Date Assigned:</b>	07/22/2015	<b>Date of Injury:</b>	07/01/2009
<b>Decision Date:</b>	08/18/2015	<b>UR Denial Date:</b>	06/29/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/13/2015

### 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: Maryland

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Neuromuscular 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 59-year-old female sustained an industrial injury on 7/01/09. She subsequently reported low back and shoulder pain. Diagnoses include cervical postlaminectomy syndrome. Treatments to date include nerve conduction and MRI testing, injections, back surgery, spinal cord stimulator trial, physical therapy and prescription pain medications. The injured worker continues to experience neck and back pain. Upon examination of the cervical spine, there is tenderness to palpation bilaterally with increased muscle rigidity. There are numerous trigger points. There is decreased range of motion with muscle guarding noted. Exam of the lumbar spine reveals tenderness to palpation along the posterior lumbar musculature with increased muscle rigidity; there are numerous trigger points that are palpable and tender throughout the lumbar paraspinal muscles. There is decreased range of motion with obvious muscle guarding. A request for 30 tablets of Xanax 0.25mg, 120 tablets of Percocet 10/325mg and 60 capsules of Prilosec was made by the treating physician.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**30 tablets of Xanax 0.25mg: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines Page(s): 25.

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

**Decision rationale:** 30 tablets of Xanax 0.25mg is not medically necessary per the MTUS Chronic Pain Medical Treatment Guidelines. The guidelines state 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. Tolerance to anticonvulsant and muscle relaxant effects occurs within weeks. The request for Xanax exceeds the 4 week recommended MTUS limit. The documentation does not indicate extenuating circumstances, which would necessitate going against guideline recommendations. The request for Xanax is therefore not medically necessary.

**120 tablets of Percocet 10/325mg:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use Page(s): 79.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Ongoing management and Opioids, dosing Page(s): 78-80 and 86.

**Decision rationale:** 120 tablets of Percocet 10/325mg is not medically necessary per the MTUS Chronic Pain Medical Treatment Guidelines. The MTUS Chronic Pain Medical Treatment Guidelines state that a pain assessment should include: current pain; the least reported pain over the period since last assessment; average pain; intensity of pain after taking the opioid; how long it takes for pain relief; and how long pain relief lasts. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. The MTUS does not support ongoing opioid use without improvement in function or pain. The MTUS recommends that opioid dosing not exceed 120 mg oral morphine equivalents per day, and for patients taking more than one opioid, the morphine equivalent doses of the different opioids must be added together to determine the cumulative dose. The MTUS states that failure to respond to a time limited course of opioids has led to the suggestion of reassessment and consideration of alternative therapy. There is no evidence to recommend one opioid over another. The documentation indicates that the patient is using over 120mg oral morphine equivalents daily in combination with her other narcotics including Ultracet and Fentanyl. The MTUS additionally recommends clear monitoring of the "4A's" (analgesia, activities of daily living, adverse side effects, and aberrant drug taking behaviors). The documentation does not reveal objective urine toxicology screens for review. The documentation does not reveal a clear pain assessment as recommended by the MTUS. The documentation reveals that despite being on long term opioids, which exceed the MTUS 120mg MED level that the patient has not had a significant increase in function or improvement in pain. For all of these reasons the request to continue Percocet is not supported and not medically necessary.

**60 capsules of Prilosec:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk Page(s): 69-71.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk Page(s): 68-69.

**Decision rationale:** 60 capsules of Prilosec is not medically necessary per the MTUS Chronic Pain Medical Treatment Guidelines. The guidelines state that the patient is at risk for gastrointestinal events if they meet the following criteria: (1) age > 65 years; (2) history of peptic ulcer, GI bleeding or perforation; (3) concurrent use of ASA, corticosteroids, and/or an anticoagulant; or (4) high dose/multiple NSAID (e.g., NSAID + low-dose ASA). The guidelines also state that a proton pump inhibitor can be considered if the patient has NSAID induced dyspepsia. The documentation states that the patient has a history of reflux. The documentation dated 6/4/15 states that the patient has used omeprazole in the past but this did not help her much. The request therefore for Prilosec is not medically necessary.