

<b>Case Number:</b>	CM15-0134967		
<b>Date Assigned:</b>	07/23/2015	<b>Date of Injury:</b>	10/29/2001
<b>Decision Date:</b>	08/20/2015	<b>UR Denial Date:</b>	06/25/2015
<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: 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 58 year old male who sustained an industrial injury on October 29, 2001. The diagnoses included lumbar or lumbosacral disc degeneration, thoracic or lumbosacral neuritis or radiculitis and depressive disorder. Treatment to date has included medications and work restrictions. The provider's progress note dated 6/24/2105 annotated the injured worker complained of low back pain, mid back pain and bilateral lower extremity pain and reported constipation, somnolence, joint stiffness, muscle spasms and numbness and tingling. He rated his pain a 6.5 on a 10-point scale. Medications help but are less effective and have side effect of constipation. The quality of his life was unchanged from his previous evaluation and he noted that his quality of sleep was poor. On physical examination the injured worker had a slowed and stooped gait. He had mild lordosis of the cervical spine but full range of motion of the neck with no palpable tenderness. His thoracic spine had mild scoliosis and straightening of the spine with loss of normal curvature. His lumbar range of motion was restricted due to pain and here was tenderness to palpation and spasm over the lumbar paravertebral muscles. A lumbar facet loading test and straight leg raise test were positive on the left side and there was tenderness to palpation over the sacroiliac joint spine bilaterally. The treatment plan includes continuation of Suboxone and Xanax, and work restrictions

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Retro Suboxone 8-2 mg #90 with a DOS of 6/24/2015: Overturned**

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

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment Page(s): 47-9, Chronic Pain Treatment Guidelines Buprenorphine, Medications for chronic pain, Opioids Page(s): 26-7, 60-1, 74-96.

**Decision rationale:** Buprenorphine and naloxone (Suboxone) is a compound medication made up of semisynthetic opioid derivative and an opioid antagonist so that it has mixed agonist/antagonist opioid properties. It is used to treat opioid addiction in higher dosages, to control moderate acute pain in non-opioid-tolerant individuals in lower dosages and to control moderate chronic pain in even smaller doses. According to the MTUS, opioid therapy for control of chronic pain, while not considered first line therapy, is considered a viable alternative when other modalities have been tried and failed. Success of this therapy is noted when there is significant improvement in pain or function. The major risks of opioid therapy are the development of addiction, overdose and death. The pain guidelines in the MTUS directly address opioid use by presenting a number of recommendations required for providers to document safe use of these medications. This patient has been stable on the current dose of this medication and the medication does lessen the patient's pain. There is no annotation in the notes of aberrant drug-seeking behaviors. Even though there is no documentation the patient has failed first-line medications for chronic pain the patient has had pain for 14 years and the notes reviewed are only for the last 6 months. Given all the above information, the request for continued use of this medication is medically necessary and has been established.

**Retro Alprazolam 0.5 mg #90 with a DOS of 6/24/2015: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines, Muscle relaxants (for pain), Weaning of Medications Page(s): 24, 66, 124. Decision based on Non-MTUS Citation American Psychiatric Association. Practice Guideline for the Treatment of Patients with Major Depressive Disorder, Third Edition, originally published in October 2010.

**Decision rationale:** Alprazolam is a benzodiazepine and indicated for short-term use as a sedative-hypnotic, anxiolytic, anticonvulsant and muscle relaxant. Long-term efficacy is unproven. The MTUS does not recommend its use for long-term therapy. However, if used for longer than 2 weeks, tapering is required when stopping this medication, as the risk of dangerous withdrawal symptoms is significant. This patient has taking this medication for over 6 months presumably for its muscle relaxant effect. However, there is no documentation of ongoing muscle spasms and the patient has not been diagnosed with any of the other indications listed above, thus its use is not recommended. Because of the danger from withdrawal, as noted above, consideration should be given to continuing this medication long enough to allow safe tapering. The request is not medically necessary and has not been established.