

<b>Case Number:</b>	CM15-0169147		
<b>Date Assigned:</b>	09/09/2015	<b>Date of Injury:</b>	01/07/1993
<b>Decision Date:</b>	10/14/2015	<b>UR Denial Date:</b>	08/20/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/27/2015

### 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: Emergency 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 was a 48 year old female, who sustained an industrial injury, January 7, 1993. The injury was sustained when the injured worker was loading a patient in the back of the ambulance. The injured worker heard three pops in the back, so loud that the partner heard the pops. While transporting the patient to the hospital the injured worker's leg went numb and the injured worker soiled herself. According to progress note of June 23, 2015, the injured worker's chief complaint was pain in the neck, bilateral upper extremities, mid back, lower back and bilateral lower extremity. The pain was most significant in the hip. The injured worker was unable to lie on the hip. The injured worker had numbness in the right knee and continued to have instability and hypertension. The injured worker rated the pain 10 out of 10, but reduced to 6 out of 10 with the use of current medications. The physical exam noted limited range of motion with cervical extension. The lateral flexion was 560 degrees bilaterally and 45 degrees with rotation. There was numbness with raising the arms above the head. The Spurling's test was positive bilaterally. The injured worker had good muscle tone and bulk. The injured worker was diagnosed with C4-C5 and C5-C6 disc bulge, cervical radiculopathy, post-surgical lumbar radiculopathy and left lower extremity valgus deformity secondary to progressive weakness. The injured worker previously received the following treatments Dilaudid, Methadone, Fentanyl 50mcg, Fentanyl 12 mcg, Hydroxyzine, Xanax, spinal fusion in 20 and 2012, L2-L3 laminectomy in 2004, lumbar spine CT scan, and thoracic spine CT scan. The RFA (request for authorization) dated June 23, 2015, the following treatments were requested prescriptions of Fentanyl 50mcg and Xanax 0.5mg. The UR (utilization review board) denied certification on

August 20, 2015, for prescriptions of Fentanyl 50mcg and Xanax 0.5mg. The Fentanyl patch was denied due to the injured worker should not exceed 120 morphine equivalent dosing. The medications include all opioids being used added together to determine the cumulative dose. Therefore the Fentanyl patch was uncertified. The Xanax was not appropriate for the injured worker and was weaned off the Xanax dated June 1, 2015. Benzodiazepines are not recommended for long term use and the injured worker was taking Xanax since January of 2015.

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

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

**Fentanyl 50mcg #15:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, criteria for use, Opioids, dosing.

**Decision rationale:** The request is for fentanyl, a short-acting opioid used for the treatment of pain. The chronic use of opioids requires the ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. 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. Information from family members or other caregivers should be considered in determining the patient's response to treatment. The 4 A's for Ongoing Monitoring: Four domains have been proposed as most relevant for ongoing monitoring of chronic pain patients on opioids: pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant (or non-adherent) drug-related behaviors. These domains have been summarized as the "4 A's" (analgesia, activities of daily living, adverse side effects, and aberrant drug-taking behaviors). The monitoring of these outcomes over time should affect therapeutic decisions and provide a framework for documentation of the clinical use of these controlled drugs. The MTUS guidelines support the chronic use of opioids if the injured worker has returned to work and there is a clear overall improvement in pain and function. The treating physician should consider consultation with a multidisciplinary pain clinic if doses of opioids are required beyond what is usually required for the condition or pain does not improve on opioids in 3 months. Consider a psychiatric consult if there is evidence of depression, anxiety or irritability. Consider an addiction medicine consult if there is evidence of substance misuse. Opioids appear to be efficacious for the treatment of low back pain, but limited for short-term pain relief, and long-term efficacy is unclear (>16 weeks), but also appears limited. Failure to respond to a time-limited course of opioids has led to the suggestion of reassessment and consideration of alternative therapy. In regards to the injured worker, there is poor documentation of a clear functional improvement in pain, and there is incomplete fulfillment of the criteria for use based upon the MTUS guidelines. Furthermore, the injured worker already is prescribed other opioids utilized for the treatment of pain. The MTUS guidelines recommends 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. Without fentanyl, the injured worker already exceeds the MTUS guidelines for safety and use. Therefore, the medical benefit of the request is unclear, and is not medically necessary.

**Xanax 0.5mg #25:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain (Chronic), Benzodiazepines.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Benzodiazepines.

**Decision rationale:** The request is for xanax, or alprazolam, which is a benzodiazepine, a class of medications used for the short-term management of a variety of conditions, including anxiety, panic attacks, depression, insomnia and seizures. Benzodiazepines are not recommended for long-term use because long-term efficacy is unproven and there is risk of significant side effects and dependence. Tolerance develops quickly. Long-term use may actually increase anxiety. A more appropriate long-term treatment for anxiety is an antidepressant. The Official Disability Guidelines do not recommend long-term use of benzodiazepines (greater than 2 weeks), because long-term efficacy is unproven and is outweighed by the risk of psychological and physical dependence, as well as addiction. Most guidelines limit use to 4 weeks. Furthermore, the risk of adverse effects are significantly higher with the concomitant use of opioids. Per records, it appears the injured worker has exceeded the duration of use suggested by the MTUS guidelines. Therefore, the medical benefit is unclear and the request is not medically necessary.