

Case Number:	CM15-0181207		
Date Assigned:	09/18/2015	Date of Injury:	02/10/2009
Decision Date:	11/18/2015	UR Denial Date:	08/10/2015
Priority:	Standard	Application Received:	09/15/2015

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: Physical Medicine & Rehabilitation, Pain Management

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 60 year old female, who sustained an industrial injury on February 10, 2009. The injured worker was diagnosed as having failed back syndrome, status post prior fusion with instrumentation, right lower extremity chronic radiculitis with sensory and motor radiculopathy, status post right inguinal hemorrhoidectomy surgery with recurrence of the right inguinal hernia, right genitofemoral neuralgia, and recurrence of the right inguinal hernia. Treatment and diagnostic studies to date has included diagnostic polysomnography, psychotherapy, laboratory studies, ear, nose, and throat evaluation, computed tomography of the abdomen and pelvis, electrodiagnostic studies, magnetic resonance imaging, epidural steroid injections, medication regimen, and physical therapy. In a progress note dated July 14, 2015 the treating physician reports complaints of "significant" pain to the low back that radiates to the bilateral buttocks, bilateral thighs, right groin, pubic region, and down the right lower extremity. On July 14, 2015, the injured worker also had complaints of "severe" pain to the ear with vertigo. Examination performed on July 14, 2015 was revealing for tachycardia, tenderness to the right greater than the left pubic symphysis bone, palpable muscle spasms to the paraspinal muscles to the back, decreased range of motion to the low back, decreased deep tendon reflexes to the right lower extremity, and positive right lower extremity. On July 14, 2015, the treating physician noted the discontinuation of the medication Soma to be switched to Flexeril during this visit, but the progress note did not include any of the other medications in the injured worker's medication regimen. The treating physician noted a decrease in the injured worker's pain by 30% with the use of the injured worker's medication regimen along with the ability to performed activities of

daily living, mobility, and sleep. A Panel Qualified Medical Re-evaluation from July 13, 2015 noted the injured worker's medication regimen included Opana ER, Oxycodone-Acetaminophen, Carisoprodol (Soma), and Alprazolam (Xanax) since at least August 25, 2014. On July 14, 2015, the treating physician requested a urine drug screen on August 10, 2015 in accordance with the injured worker's pain management agreement and office policy. In a prescription on July 14, 2015, the treating physician also requested the medications of Opana ER 40mg with a quantity of 60, Xanax 1mg with a quantity of 90, Xanax 2mg with a quantity of 30, and Soma 350mg with a quantity of 150. On August 10, 2015, the Utilization Review determined the request for urine drug screen on August 10, 2015, Opana ER 40mg with a quantity of 60, Xanax 1mg with a quantity of 90, Xanax 2mg with a quantity of 30, and Soma 350mg with a quantity of 150 to be non-certified.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 Urine drug screen on 08/10/2015: 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), Pain (Chronic), Urine drug testing.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Drug testing, Opioids, dealing with misuse & addiction, Opioids, differentiation: dependence & addiction, Opioids, indicators for addiction, Opioids, screening for risk of addiction (tests).

Decision rationale: Regarding the request for a urine toxicology test, CA MTUS Chronic Pain Medical Treatment Guidelines state the drug testing is recommended as an option in patients on controlled substances. Guidelines go on to recommend monitoring for the occurrence of any potentially aberrant (or non-adherent) drug related behaviors. ODG recommends urine drug testing on a yearly basis for low risk patients, 2-3 times a year for moderate risk patients, and possibly once per month for high risk patients. These risk stratification is an important component in assessing the necessity and frequency of urine drug testing. With the documentation available for review, there is documentation of prescription of controlled substances. However, there is no notation of when the last previous urine toxicology testing was done. No risk factor assessment, such as the utilization of the Opioid Risk Tool or SOAPP is apparent in the records, which would dictate the schedule of random periodic drug testing. Due to Opana is felt not be medically necessary at this juncture, continuing random drug testing is not justified. Given this, this request is not medically necessary.

60 Opana ER 40mg: 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 (Classification), Opioids, California Controlled Substance Utilization Review and Evaluation System (CURES) [DWC], Opioids, criteria for use, Opioids for chronic pain.

Decision rationale: Regarding the request for Opana ER (oxymorphone), Chronic Pain Medical Treatment Guidelines state that Opana ER is an opiate pain medication. Due to high abuse potential, close follow-up is recommended with documentation of analgesic effect, objective functional improvement, side effects, and discussion regarding any aberrant use. Guidelines go on to recommend discontinuing opioids if there is no documentation of improved function and pain. Within the documentation available for review, there is documentation that the medication is improving the patient's function and pain, and there is side effects from this medication. However, the provider documented that recent urine drug screens were "clean" on 4/2015. However, it is unclear what this means, as there are no actual report, and no discussion regarding aberrant use. As such, there is no clear indication for ongoing use of the medication. Opioids should not be abruptly discontinued, but unfortunately, there is no provision to modify the current request to allow tapering. In light of the above issues, the currently requested Opana ER (oxymorphone) is not medically necessary.

90 Xanax 1mg: Upheld

Claims Administrator guideline: Decision based on MTUS Stress-Related Conditions 2004, and Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Benzodiazepines.

Decision rationale: Regarding the request for Xanax (alprazolam), the Chronic Pain Medical Treatment 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. Chronic benzodiazepines are the treatment of choice in very few conditions. Tolerance to hypnotic effects develops rapidly. Tolerance to anxiolytic effects occurs within months and long-term use may actually increase anxiety. A more appropriate treatment for anxiety disorder is an antidepressant. Tolerance to anticonvulsant and muscle relaxant effects occurs within weeks. (Baillargeon, 2003) (Ashton, 2005)" Within the documentation available for review, there appears to be long term use of the benzodiazepine despite guideline recommendations for no more than 4 weeks of use. Therefore, this request is not medically necessary. This medication should not be abruptly weaned, and the provider should be allowed to wean this medication as he or she sees fit. It is beyond the scope of the IMR process to dictate a particular weaning schedule.

30 Xanax 2mg: Upheld

Claims Administrator guideline: Decision based on MTUS Stress-Related Conditions 2004, and Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Benzodiazepines.

Decision rationale: Regarding the request for Xanax (alprazolam), the Chronic Pain Medical Treatment 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. Chronic benzodiazepines are the treatment of choice in very few conditions. Tolerance to hypnotic effects develops rapidly. Tolerance to anxiolytic effects occurs within months and long-term use may actually increase anxiety. A more appropriate treatment for anxiety disorder is an antidepressant. Tolerance to anticonvulsant and muscle relaxant effects occurs within weeks. (Baillargeon, 2003) (Ashton, 2005)" Within the documentation available for review, there appears to be long-term use of the benzodiazepine despite guideline recommendations for no more than 4 weeks of use. Therefore, this request is not medically necessary. This medication should not be abruptly weaned, and the provider should be allowed to wean this medication as he or she sees fit. It is beyond the scope of the IMR process to dictate a particular weaning schedule.

150 Soma 350mg: 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): Muscle relaxants (for pain).

Decision rationale: Regarding the request for carisoprodol (Soma), Chronic Pain Medical Treatment Guidelines support the use of non-sedating muscle relaxants to be used with caution as a 2nd line option for the short-term treatment of acute exacerbations of pain. Guidelines go on to state that Soma specifically is not recommended for more than 2 to 3 weeks. In the case of Soma, a further consideration is the potential for abuse and dependence, as Soma has been shown to be riskier in this regard than some other muscle relaxants. Within the documentation available for review, there is no identification of a specific analgesic benefit or objective functional improvement as a result of the carisoprodol. Additionally, it does not appear that this medication is being prescribed for the short-term treatment of an acute exacerbation, as recommended by guidelines. Given this, the currently requested carisoprodol (Soma) is not medically necessary.