

Case Number:	CM15-0183472		
Date Assigned:	09/24/2015	Date of Injury:	11/19/1998
Decision Date:	11/02/2015	UR Denial Date:	08/18/2015
Priority:	Standard	Application Received:	09/17/2015

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 76 year old female, who sustained an industrial injury on 11-19-1998. The injured worker was diagnosed as having chronic low back pain and depression due to chronic pain. Treatment to date has included diagnostics, lumbar spinal surgery in 1999, and medications. Currently (8-03-2015), the injured worker complains of chronic low back pain, rated 5 out of 10 with medication use (Norco and Duragesic patch) and 10 of 10 without, unchanged from exam on 7-06-2015. She reported that Xanax was helpful as well. It was documented that she was in the process of slowly weaning Xanax, noting a plan that included #90 last month and #60 this month. The injured worker reported being scared to wean down that fast and requested a compromise to wean slower. Current medications included Duragesic patches 75mcg every 2 days, Norco 10-325mg (two tablets three times daily), Xanax 1mg (2-3 times daily), Lexapro, Lopressor, Lipitor, Nitroglycerin patch, Lunesta, and Gabapentin. SOAPP score was 3, noting low risk on 8-03-2015. Objective findings noted no acute distress, noting that she did walk slowly, but had no significant antalgic gait. Her function with activities of daily living was currently not described. On 7-06-2015, her functional status was described as unable to exercise due to "too much pain", noting that without medication she would be bedridden, and at least with medications she was able to "stay functional and take care of herself". She was prescribed continued Duragesic, Norco 10-325mg #180, and Xanax 0.5mg #75. Urine toxicology was documented as negative for opioids and was to be sent out for confirmatory test. She reported starting new Duragesic patch the previous day and taking Hydrocodone. She was not working. Current medications for pain and anxiety were noted since

at least -13-2015, at which time Duragesic patches 75mcg every 2 days, Norco 10-325mg (2 tablets four times daily), and Xanax 1mg (2 per day) were noted. Norco reduction to #180 was noted 4-29-2015.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg, #180: 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 for chronic pain, Weaning of Medications.

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 taking Norco for an extended period without objective documentation of functional improvement or significant decrease in pain. The available records state that she is unable to exercise due to pain. Additionally, per the last few provider notes, the injured worker is being considered for a detoxification program and a urine drug screen performed on 8/3/15 was inconsistent for prescribed opioids. 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. The request for Norco 10/325mg, #180 is determined to not be medically necessary.

Xanax 0.5mg, #75: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain (Chronic): Alprazolam (Xanax).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Benzodiazepines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter/Xanax (Alprazolam) Section.

Decision rationale: The MTUS Guidelines and ODG do not support the use of benzodiazepines for long term use, generally no longer than 4 weeks, and state that a more appropriate treatment would be an antidepressant. In this case, the injured worker has been

prescribed this medication for an extended period, which is not supported by the guidelines; therefore, the request for Xanax 0.5mg, #75 is determined to not be medically necessary.

One urine drug screen: 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): Drug testing, Opioids, criteria for use. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter/Urine Drug Screen Section.

Decision rationale: The use of urine drug screening is recommended by the MTUS Guidelines, in particular, when patients are being prescribed opioid pain medications and there are concerns of abuse, addiction, or poor pain control. Per the Official Disability Guidelines (ODG), urine drug testing is recommended as a tool to monitor compliance with prescribed substances, identify use of undisclosed substances, and uncover diversion of prescribed substances. The test should be used in conjunction with other clinical information when decisions are to be made to continue, adjust or discontinue treatment. This information includes clinical observation, results of addiction screening, pill counts, and prescription drug monitoring reports. The prescribing clinician should also pay close attention to information provided by family members, other providers and pharmacy personnel. The frequency of urine drug testing may be dictated by state and local laws. Patients at "low risk" of addiction/aberrant behavior should be tested within six months of initiation of therapy and on a yearly basis thereafter. There is no reason to perform confirmatory testing unless the test is inappropriate or there are unexpected results. If required, confirmatory testing should be for the questioned drugs only. If a urine drug test is negative for the prescribed scheduled drug, confirmatory testing is strongly recommended for the questioned drug. If negative on confirmatory testing the prescriber should indicate if there is a valid reason for the observed negative test, or if the negative test suggests misuse or non-compliance. Additional monitoring is recommended including pill counts. Recommendations also include measures such as prescribing fewer pills and/or fewer refills. A discussion of clinic policy and parameters in the patient's opioid agreement is recommended. Weaning or termination of opioid prescription should be considered in the absence of a valid explanation. In this case, per the available documentation, the injured worker was considered a low risk for aberrant behavior at the time of the urine drug screened performed on 8/3/15. This drug screen was not consistent for her prescribed medications. The urine drug screen performed in Dec 2014 was consistent for prescribed medications. It is unclear why another drug screen was performed in August 2015 when the previous drug screen was consistent, considering she is a documented low risk individual and the available records did not indicate a new concern for abuse, therefore, the request for the retroactive one urine drug screen performed on 8/3/15 is considered to not be medically necessary.