

Case Number:	CM15-0184633		
Date Assigned:	09/25/2015	Date of Injury:	04/09/2011
Decision Date:	11/20/2015	UR Denial Date:	08/19/2015
Priority:	Standard	Application Received:	09/21/2015

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:

This injured worker is a 54 year old female, who sustained an industrial injury on 04-09-2011. The injured worker was diagnosed as having neck pain: sprain-strain, left shoulder pain, left hip pain, left hip, left knee pain, low back pain with possible left L4 and S1 radiculopathy, status post possible L4-L5 discectomy in 1994, left ankle pain and depression. On medical records dated 07-10-2015 and 08-07-2015, the subjective complaints were noted as pain in coccyx, left shoulder, neck and left leg and intermittent headaches. Pain was rated at its worst was 10 out of 10 without medications and 8 out of 10 with medications. Objective findings were noted as cervical spine tenderness to palpation on as well as tightness, spasms and trigger points. Range of motion was restricted at the cervical spine and trigger points were noted in trapezius, rhomboids, paravertebral, supraspinatus and infraspinatus. Left shoulder revealed a limited range of motion. Low back was tender to palpation at the sacrum and coccyx, upper back was revealed as having point tenderness with palpable spasms in trapezius, levator scapulae and rhomboid bilaterally. Pain was noted to refer to head, low back, anterior chest wall and both arms. Treatments to date included medication and laboratory studies. The injured worker was noted to be permanent and stationary. Current medications were listed as OxyContin, Cyclobenzaprine, Omeprazole, Roxicodone, Docusate Sodium, Senna Concentrate, and Mederma topical cream, Dilaudid, Flexeril, Percocet, Prilosec, Xanax, and Zofran. The injured worker was noted to be taking Xanax, Cyclobenzaprine, Omeprazole and Roxicodone since at least 04-2015. ORT is 1. Urine drug test dated July 29, 2015 is consistent. The Utilization Review (UR) was dated 08-19-2015. A request for Xanax 0.5mg #90 1 tablet 3 times daily, Cyclobenzaprine 7.5mg #120 - 1

take 4 times daily, Omeprazole 20mg #60 1 tablet, and Roxycodone 30mg # 240 was submitted. The UR submitted for this medical review indicated that the request for Xanax 0.5mg #90 1 tablet 3 times daily, Cyclobenzaprine 7.5mg #120 - 1 take 4 times daily, Omeprazole 20mg #60 1 tablet, and Roxycodone 30mg # 240 tablet every 3 hours was non-certified.

IMR ISSUES, DECISIONS AND RATIONALES

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

Xanax 0.5 mg Qty 90, 1 tablet 3 times daily: 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): Benzodiazepines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Chronic Pain Chapter, Benzodiazepines.

Decision rationale: Regarding the request for Xanax (Alprazolam), Chronic Pain Medical Treatment Guidelines state the 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." Tolerance to anxiolytic effects occurs within months and long-term use may actually increase anxiety. A more appropriate treatment for anxiety disorder is an anti-depressant. Within the documentation available for review, there is no documentation identifying any objective functional improvement as a result of the use of the medication and no rationale provided for long-term use of the medication despite the CA MTUS recommendation against long-term use. Benzodiazepines should not be abruptly discontinued, but unfortunately, there is no provision to modify the current request to allow tapering. In the absence of such documentation, the currently requested Xanax (Alprazolam) is not medically necessary.

Cyclobenzaprine 7.5 mg Qty 120, 1 tablet 4 times daily: 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 cyclobenzaprine (Flexeril), 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 cyclobenzaprine specifically is recommended for a short course of therapy. Within the documentation available for review, there is no identification of a specific analgesic benefit or objective functional improvement as a result of the cyclobenzaprine. Additionally, it does not appear that this medication is being prescribed for the short-term treatment of an acute exacerbation, as recommended by guidelines. Finally, there is no documentation of failure of

first-line treatment options, as recommended by guidelines. In the absence of such documentation, the currently requested cyclobenzaprine (Flexeril) is not medically necessary.

Omeprazole 20 mg Qty 60, 1 tablet: 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): NSAIDs (non-steroidal anti-inflammatory drugs), NSAIDs, GI symptoms & cardiovascular risk, NSAIDs, hypertension and renal function, NSAIDs, specific drug list & adverse effects. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter, Proton Pump Inhibitors (PPIs).

Decision rationale: Regarding the request for omeprazole (Prilosec), California MTUS states that proton pump inhibitors are appropriate for the treatment of dyspepsia secondary to NSAID therapy or for patients at risk for gastrointestinal events with NSAID use. Within the documentation available for review, there is no indication that the patient has complaints of dyspepsia secondary to NSAID use, a risk for gastrointestinal events with NSAID use, or another indication for this medication. In light of the above issues, the currently requested omeprazole (Prilosec) is not medically necessary.

Roxicodone 30 mg Qty 240, 1 tablet every 3 hrs: Overturned

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, California Controlled Substance Utilization Review and Evaluation System (CURES) [DWC], Opioids, criteria for use, Opioids (Classification), Opioids for chronic pain, Opioids for neuropathic pain, Opioids for osteoarthritis, Opioids, cancer pain vs. nonmalignant pain, Opioids, dealing with misuse & addiction, Opioids, differentiation: dependence & addiction, Opioids, dosing, Opioids, indicators for addiction, Opioids, long-term assessment.

Decision rationale: Regarding the request for Roxicodone 30 mg Qty 240, 1 tablets every 3 hrs, California Pain Medical Treatment Guidelines note that it 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 indication that the medication is improving the patient's function and pain with no intolerable side effects or aberrant use, and the patient is noted to undergo monitoring. Additionally, although the patient is over the 100-120 Morphine equivalents, the prescribing physician is a pain management doctor. It is acknowledged, that there should be better documentation regarding functional improvement. Additionally, the patient is at exceedingly high doses of opiates for the described benefit of "take the edge off." A discussion regarding the risks and benefits of the medication should be documented with the patient. However, a one-month prescription should allow the

requesting physician time to document these items. In light of the above, the currently requested Roxicodone 30 mg Qty 240, 1 tablet every 3 hrs is medically necessary.