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| <b>Case Number:</b>   | CM15-0186499 |                              |            |
| <b>Date Assigned:</b> | 09/28/2015   | <b>Date of Injury:</b>       | 07/27/2011 |
| <b>Decision Date:</b> | 11/23/2015   | <b>UR Denial Date:</b>       | 08/24/2015 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 09/22/2015 |

### 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 29 year old male, who sustained an industrial injury on 7-27-11. The injured worker was diagnosed as having right elbow sprain, right ulnar neuritis, right carpal tunnel syndrome, cervical radiculopathy, neurovascular thoracic outlet syndrome with crush injury, chronic pain, and mood disorder. Treatment to date has included trigger point injections, at least 12 physical therapy sessions, acupuncture, and medication including Alprazolam, Percocet, Oxycontin, and Docusate Sodium. The injured worker had been taking Alprazolam, Oxycontin, Percocet, and Docusate Sodium since at least April 2015. Physical examination findings on 6-5-15 included tenderness of the right medial elbow at the cubital tunnel with positive elbow flexion test and discomfort in the right 4th and 5th fingers with numbness and tingling. Tinel's test was positive and right elbow pain with multiple tender trigger points was noted. It was also noted right shoulder rising at 90 degrees caused pain. The treating physician noted "the remainder of physical exam is unremarkable." On 6-25-15 and 7-1-15 pain was rated as 3-4 of 10. Physical examination findings on 7-1-15 included decreased sensation in the left upper extremity. The treating physician noted "he's using Alprazolam for panic episodes several times a week." On 7-1-15, the injured worker complained of cervical spine pain and spasm. Depression was also noted. On 7-1-15 the treating physician requested authorization for Alprazolam 0.5mg #30, Percocet #90, Oxycontin 10mg #90, and Docusate Sodium 100mg #90 with 1 refill. On 8-24-15 the utilization review physician modified Alprazolam to a quantity of 15, Percocet to a quantity of 45, Oxycontin to a quantity of 45, and Docusate Sodium to exclude any refills.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Alprazolam .5 MG #30:** 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 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 antidepressant. 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.

**Percocet 1/2-2 Tabs Every 6 Hours #90:** 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 Percocet (oxycodone/acetaminophen), Chronic Pain Medical Treatment Guidelines state that Percocet 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 no indication that the medication is improving the patient's function, no routine monitoring with urine drug screen, 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 Percocet (oxycodone/acetaminophen) is not medically necessary.

**Oxycontin 10 MG #90:** 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, California Controlled Substance Utilization Review and Evaluation System (CURES) [DWC], Opioids, criteria for use, Opioids (Classification), Opioids for chronic pain.

**Decision rationale:** Regarding the request for Oxycontin (oxycodone ER), Chronic Pain Medical Treatment Guidelines state that Oxycontin 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 no indication that the medication is improving the patient's function, no routine monitoring with urine drug screen, 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 Oxycontin (oxycodone ER) is not medically necessary.

**Docusate Sodium 100 MG #90 with 1 Refill:** 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.

**Decision rationale:** With regard to this medication request, the Chronic Pain Medical Treatment Guidelines do recommend prophylactic laxative and stool softener agents for any patient on opioid therapy. Opioids are well known to cause constipation commonly as a side effect. Within the submitted documentation, the patient does have constipation with opioid use. However, given that the medical necessity of the opioid medications is not established, this request is also not medically necessary.