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| Case Number: | CM15-0203379 | | |
| Date Assigned: | 10/20/2015 | Date of Injury: | 03/02/1999 |
| Decision Date: | 12/02/2015 | UR Denial Date: | 09/18/2015 |
| Priority: | Standard | Application Received: | 10/15/2015 |

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

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 55-year-old male, with a reported date of injury of 03-02-1999. The diagnoses include lumbar spine radiculopathy, low back pain, and right shoulder bursitis. The progress report dated 07-20-2015 indicates that the injured worker complained of low back pain and right shoulder pain. He reported that his pain symptoms have been stable since the last clinic visit. The injured worker reported moderate pain relief benefit from his current pain medication regimen. He also reported mild constipation. It was noted that the injured worker took Xanax for panic attacks and pain; the medication is taken as needed. The injured worker's pain was rated 6 out of 10 (04/27/2015 and 07-20-2015). The physical examination showed decreased cervical flexion at 20 degrees; cervical extension at 20 degrees; tenderness to palpation of the occipital and cervical spine with significant myofascial spasms and tenderness along the trapezius musculature; decreased lumbar flexion at 40 degrees; lumbar extension at 5 degrees; lumbar lateral bending at 15 degrees; lumbar rotation limited by pain; tenderness to palpation on the lumbar spine and paraspinal musculature of the low back with trigger points palpated; positive straight leg raise test for low back pain bilaterally; limited range of motion of the bilateral shoulders due to pain; bilateral shoulder flexion at approximately 110 degrees; intact sensation in the upper and lower extremities; and a slow gait and wide-based waddle. A refill for Xanax was provided and the injured worker was started on Senna, two tablets twice a day as needed for mild constipation. The injured worker's work status was noted as temporarily totally disabled, return to work with restrictions, and permanent and stationary. The diagnostic studies to date have not been included in the medical records. Treatments and evaluation to date have included

Methadone, Miralax, Xanax (since at least 04-2015), and physical therapy for the low back. The treating physician requested Senna 8.6-50mg #180 and Xanax 0.5mg #20. On 09-18-2015, Utilization Review (UR) non-certified the request for Senna 8.6-50mg #180 and modified the request for Xanax 0.5mg #20 to Xanax 0.5mg #10.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 Prescription of Senna 8.6/50mg, #120: 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, criteria for use.

Decision rationale: The current request is for 1 prescription of Senna 8.6/50mg, #120. Treatment history include medications, and physical therapy. The patient is temporarily totally disabled. MTUS page 77, criteria for use of opioids section, regarding constipation states that prophylactic treatment of constipation should be initiated with therapeutic trial of opioids. It also states "Opioid induced constipation is a common adverse side effect of long-term opioid use." Per report 07/20/15, the patient presents with low back pain and right shoulder pain. Current medications include Xanax, Methadone and Senna. The patient reported moderate pain relief with current pain medication regimen. He also reported mild constipation, which is managed with the use of Senna. The treater recommended refill of medications. MTUS recognizes constipation as a common side effect of chronic opiate use. The patient has been prescribed Methadone since at least 02/20/15, and the use of Senna to prevent constipation is supported by MTUS. Therefore, the request is medically necessary.

1 Prescription of Xanax 0.5mg, #20: Upheld

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

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

Decision rationale: The current request is for 1 prescription of Xanax 0.5MG, #20. Treatment history include medications, and physical therapy. The patient is temporarily totally disabled. MTUS Guidelines, Benzodiazepines section, page 24 states: 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 per a report 07/20/15, the patient presents with low back pain and right shoulder pain. Current medications include Xanax, Methadone and Senna. The patient reported moderate pain relief with current pain medication regimen. He also

reported mild constipation. The patient is taking Xanax for panic attacks, as needed. In regard to the request for a continuing prescription of Xanax for this patient's panic attacks, the duration of use exceeds what is recommended by MTUS. The patient has been prescribed Xanax since April of 2015, and such long-term course of treatment with Benzodiazepines carries a risk of dependence and loss of efficacy, and is not supported by guidelines. Therefore, the request is not medically necessary.