

<b>Case Number:</b>	CM15-0204072		
<b>Date Assigned:</b>	10/20/2015	<b>Date of Injury:</b>	09/17/2010
<b>Decision Date:</b>	12/02/2015	<b>UR Denial Date:</b>	10/05/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/16/2015

### 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: Massachusetts

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 59 year old male, who sustained an industrial injury on 9-17-2010. The injured worker was being treated for right Cervical 6 and 7 radiculopathy, right sacral 1 radiculopathy, chronic myofascial pain syndrome of the cervical and thoracolumbar spine, status post right carpal tunnel and right ulnar nerve release, and status post right elbow surgery. Medical records (6-25-2015, 8-6-2015, and 9-8-2015) indicate pain and numbness of the neck, upper back, right arm and wrist, and lower back. The medical records (6-25-2015) show the subjective pain rating of 10 out of 10 without medications is reduced by 60-70% to 2 out of 10 with medications. The medical records (8-6-2015) show the subjective pain rating of 6-8 out of 10 without medications is reduced by 60-70% to 2 out of 10 with medications. The medical records (9-8-2015) show the subjective pain rating of 6-8 out of 10 without medications is reduced by 80% with medications. Per the treating physician (9-8-2015 report), the injured worker is able to perform activities of daily living, sitting, standing, walking, and bathing more than 50% of the time with medications and "there is no documented abuse, diversion, or hoarding of the prescribed medication and no evidence of illicit drug use." The physical exam (6-25-2015, 8-6-2015) reveals slight to moderately restricted cervical and lumbar range of motion in all planes and multiple myofascial trigger points and taut bands throughout the cervical paraspinal, trapezius, levator scapulae, scalene, infraspinatus, thoracic and lumbar paraspinal muscles, and the gluteal musculature. There were moderately decreased right knee ranges of motion in all directions and decreased sensation in the right foot dorsum. There was slightly decreased right elbow and wrist range of motion in all directions. The physical exam (9-8-2015)

reveals slight to moderately restricted cervical and lumbar range of motion in all planes and multiple myofascial trigger points and taut bands throughout the cervical paraspinal, trapezius, levator scapulae, scalene, infraspinatus, thoracic and lumbar paraspinal muscles, and the gluteal musculature. There were moderately decreased right knee ranges of motion in all directions and decreased sensation in the right foot dorsum. The comprehensive drug panel test (dated 1-12-2015) indicated O-Desmethyl-cis Tramadol was detected. The comprehensive drug panel test (dated 2-23-2015 and 5-11-2015) indicated that cis-Tramadol and O-Desmethyl-cis Tramadol were detected. Treatment has included cervical epidural steroid injections, trigger point injections, acupuncture, and medications including Xanax ER (since at least 10-2014) and Tramadol ER (since at least 10-2014). On 9-17-2015, the requested treatments included Tramadol ER 150mg and Xanax ER 0.5mg. On 10-5-2015, the original utilization review modified requests for Tramadol ER 150mg and Xanax ER 0.5mg.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**Tramadol ER 150mg every 12 hours #60 (RX 09/03/15): 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 for chronic pain, Opioids, dosing, Opioids, long-term assessment.

**Decision rationale:** The claimant has a history of a work injury occurring in October 2009 and continues to be treated for right upper extremity pain and numbness and low back pain with bilateral lower extremity numbness. Medications are referenced as decreasing pain from 10/10 to 2/10 and allowing for a 60-70% improvement in activities of daily living such as sitting, standing, walking, bathing, cooking, sleeping, and socializing. Physical examination findings included restricted thoracic and lumbar spine range of motion with multiple trigger points and taught muscle bands. There was decreased right wrist and elbow range of motion. He had decreased right knee range of motion. There was decreased right lower extremity sensation. Electrodiagnostic testing was done showing findings suggestive of S1 radiculopathy on the basis of absent bilateral H-reflex responses. Medications were refilled. Extended release tramadol and Norco were being prescribed at a total MED (morphine equivalent dose) of 80 mg per day. Xanax was being prescribed for anxiety. When prescribing controlled substances for pain, satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. Tramadol ER is a sustained release opioid used for treating baseline pain. In this case, it is being prescribed as part of the claimant's ongoing management. There are no identified issues of abuse or addiction and medications are providing decreased pain and improved activities of daily living and activity tolerance. The total MED is less than 120 mg per day consistent with guideline recommendations. Continued prescribing was medically necessary.

**Xanax ER 0.5mg every 12 hours #60 (RX 09/03/15): 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 based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (Chronic), Benzodiazepines.

**Decision rationale:** The claimant has a history of a work injury occurring in October 2009 and continues to be treated for right upper extremity pain and numbness and low back pain with bilateral lower extremity numbness. Medications are referenced as decreasing pain from 10/10 to 2/10 and allowing for a 60-70% improvement in activities of daily living such as sitting, standing, walking, bathing, cooking, sleeping, and socializing. Physical examination findings included restricted thoracic and lumbar spine range of motion with multiple trigger points and taught muscle bands. There was decreased right wrist and elbow range of motion. He had decreased right knee range of motion. There was decreased right lower extremity sensation. Electrodiagnostic testing was done showing findings suggestive of S1 radiculopathy on the basis of absent bilateral H-reflex responses. Medications were refilled. Extended release tramadol and Norco were being prescribed at a total MED (morphine equivalent dose) of 80 mg per day. Xanax was being prescribed for anxiety. Xanax (alprazolam) is a benzodiazepine which is not recommended for long-term use because long-term efficacy is unproven and there is a risk of psychological and physical dependence or frank addiction. Most guidelines limit use to 4 weeks. Benzodiazepines are a major cause of overdose, particularly as they act synergistically with other drugs such as opioids and mixed overdoses are often a cause of fatalities. Chronic benzodiazepines are the treatment of choice in very few conditions. 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. Recent research also suggests that the use of benzodiazepines to treat insomnia or anxiety may increase the risk for Alzheimer's disease. Gradual weaning is recommended for long-term users. Continued prescribing is not medically necessary.