

<b>Case Number:</b>	CM15-0027969		
<b>Date Assigned:</b>	02/20/2015	<b>Date of Injury:</b>	12/15/2006
<b>Decision Date:</b>	03/31/2015	<b>UR Denial Date:</b>	02/11/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/13/2015

### 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 49-year-old female, who sustained an industrial injury on 2/15/06. She has reported low back and knee injuries. The diagnoses have included low back pain, knee pain, and postlaminectomy syndrome lumbar region. Treatment to date has included medications, diagnostics, surgery, and Epidural Steroid Injection (ESI). Currently, the injured worker complains of low back and knee pain. The pain is in the lower lumbar spine and radiates to the left buttock, thigh, and calf. The pain is chronic and constant. Associated symptoms include spasm, radicular left leg pain, and numbness, weakness of the left leg and urinary incontinence. She notes some relief with narcotic medications. The left knee pain was described as constant and sharp. Associated symptoms include swelling and pain. She was given a splint to wear. Physical exam revealed left knee with pain on palpation and crepitus. The lumbar exam revealed decreased range of motion with lateral bending. The current medications were not documented. Plan was to continue with medications. On 2/11/15 Utilization Review non-certified a request for Dilaudid (Hydromorphone HCL) 2 MG Qty 45, Soma (Carisoprodol) 350 MG Qty 90, and Xanax (Alprazolam) .5 MG Qty 30, noting that regarding the Dilaudid (Hydromorphone HCL) 2 MG Qty 45, because of the extenuating circumstance of avoidance of withdrawal, the multiple sclerosis contin and Norco were approved and the Dilaudid was denied. Regarding the Soma (Carisoprodol) 350 MG Qty 90, it is not recommended and not indicated. Regarding the Xanax (Alprazolam) .5 MG Qty 30, it is being requested for long-term use and benzodiazepines are not recommended for long-term use. There was no extenuating circumstance documented and therefore, denied. The (MTUS) Medical Treatment Utilization Schedule guidelines were cited.

## IMR ISSUES, DECISIONS AND RATIONALES

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

### **Dilaudid (Hydromorphone HCL) 2 MG Qty 45: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, page(s) 74-96.

**Decision rationale:** Per the MTUS Guidelines cited, opioid use in the setting of chronic, non-malignant, or neuropathic pain is controversial. Patients on opioids should be routinely monitored for signs of impairment and use of opioids in patients with chronic pain should be reserved for those with improved functional outcomes attributable to their use, in the context of an overall approach to pain management that also includes non-opioid analgesics, adjuvant therapies, psychological support, and active treatments (e.g., exercise). Submitted documents show no evidence that the treating physician is prescribing opioids in accordance to change in pain relief, functional goals with demonstrated improvement in daily activities, decreased in medical utilization or change in functional status. There is no evidence presented of random drug testing or utilization of pain contract to adequately monitor for narcotic safety, efficacy, and compliance. The MTUS provides requirements of the treating physician to assess and document for functional improvement with treatment intervention and maintenance of function that would otherwise deteriorate if not supported. From the submitted reports, there is no demonstrated evidence of specific functional benefit derived from the continuing use of opioids with persistent severe pain for this chronic injury without acute flare, new injury, or progressive deterioration. The Dilaudid (Hydromorphone HCL) 2 MG Qty 45 is not medically necessary and appropriate.

### **Soma (Carisoprodol) 350 MG Qty 90: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Carisoprodol (Soma), page 29.

**Decision rationale:** Per MTUS Chronic Pain Guidelines on muscle relaxant, Soma is not recommended for mild to moderate chronic persistent pain problems including chronic pain (other than for acute exacerbations) due to the high prevalence of adverse effects in the context of insufficient evidence of benefit as compared to other medications. Guidelines do not recommend long-term use of this muscle relaxant for this chronic injury. Additionally, the efficacy in clinical trials has been inconsistent and most studies are small and of short duration. These medications may be useful for chronic musculoskeletal pain, but there are no long-term studies of their effectiveness or safety. Submitted reports have not adequately demonstrated the indication or medical need for this treatment and there is no report of significant clinical

findings, acute flare-up, or new injury to support for its long-term use. There is no report of functional improvement resulting from its previous treatment to support further use as the patient remains unchanged. The Soma (Carisoprodol) 350 MG Qty 90 is not medically necessary and appropriate.

**Xanax (Alprazolam) .5 MG Qty 30:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines, page 24.

**Decision rationale:** Xanax (Alprazolam) is indicated for the management of anxiety disorder. Anxiety or tension associated with the stress of everyday life usually does not require treatment with an anxiolytic. Alprazolam is an anti-anxiety medication in the benzodiazepine family which inhibits many of the activities of the brain, as it is believed that excessive activity in the brain may lead to anxiety or other psychiatric disorders. Per the Chronic Pain Treatment Guidelines, 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 as chronic benzodiazepines are the treatment of choice in very few conditions and tolerance to hypnotic effects develops rapidly. Additionally, submitted reports have not demonstrated clear functional benefit of treatment already rendered. The Xanax (Alprazolam) .5 MG Qty 30 is not medically necessary and appropriate.