

<b>Case Number:</b>	CM15-0222743		
<b>Date Assigned:</b>	11/18/2015	<b>Date of Injury:</b>	03/26/1997
<b>Decision Date:</b>	12/30/2015	<b>UR Denial Date:</b>	11/05/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/12/2015

### 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, Oregon, Washington  
 Certification(s)/Specialty: Orthopedic Surgery

### 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 67 year old male with a date of injury on 03-26-1997. The injured worker is undergoing treatment for chronic cervical, thoracic and lumbar pain status post injury without myelopathy with severe degenerative disc disease and facet arthropathy. Comorbid diagnoses include hypertension, asthma depression and hypogonadism. A physician note dated 08-27-2015 rates his pain as 7 out of 10 in his low back and 9 out of 10 in his neck. He has intractable pain syndrome. A physician progress note dated 10-08-2015 documents the injured worker has cervical, lumbar and thoracic pain, and chronic bilateral shoulder pain. He rates his pain on average as a 6-7 out of 10. He has severely restricted cervical range of motion in all planes. He has pain in both shoulders with weakness, and is unable to raise either arm above his shoulders. He receives Dilaudid via the intrathecal pump and it is being increased by 20% to better control his pain and improve function. He is not doing well on the oral Opiates. Treatment to date has included diagnostic studies, medications, intrathecal pump, status post shoulder surgery x 2 on each shoulder, injections, radio frequency ablation, trigger point injections, and Toradol injections. Current medications include Norco (since at least 05-08-2015), Trazodone, Xanax (since at least 05-08-2015), Lipitor, Effexor (since at least 05-08-2015), Soma, Amlodipine, Celebrex, Fioricet and Testosterone. Urine drug screens done on 07-30-2015 and 09-24-2015 were positive for Opioids. On 11-05-2015 Utilization Review modified the request for Effexor ER 37.5 mg; one tablet daily for depression related chronic pain to #10 for weaning-discontinuation. The request for Norco 10/325mg two to three times a day for the neck bilateral shoulder and lumbar pain was modified to #40. Xanax 1mg 1 tablet twice a day for anxiety related to chronic pain was modified to 5 tablets for weaning-discontinuing purposes

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Norco 10/325mg two to three times a day for the neck, bilateral shoulder and lumbar pain:**  
Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids for chronic pain, Opioids, specific drug list. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain / Opioids criteria for use.

**Decision rationale:** According to the CA MTUS/Chronic Pain Medical Treatment Guidelines, opioids (criteria for use & specific drug list): A therapeutic trial of opioids should not be employed until the patient has failed a trial of non-opioid analgesics. The patient should have at least one physical and psychosocial assessment by the treating doctor (and a possible second opinion by a specialist) to assess whether a trial of opioids should occur. Before initiating therapy, the patient should set goals, and the continued use of opioids should be contingent on meeting these goals. Guidelines recommend ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Pain assessment should include: current pain; the least reported pain over the period since last assessment; average pain; intensity of pain after taking the opioid; how long it takes for pain relief; and how long pain relief lasts. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. The 4 A's for Ongoing Monitoring include analgesia, activities of daily living, adverse side effects, and aberrant drug-taking behaviors. Opioids may be continued if the patient has returned to work and the patient has improved function/pain. The ODG-TWC pain section comments specifically on criteria for the use of drug screening for ongoing opioid treatment. The ODG Pain / Opioids for chronic pain states According to a major NIH systematic review, there is insufficient evidence to support the effectiveness of long-term opioid therapy for improving chronic pain, but emerging data support a dose-dependent risk for serious harms. ODG criteria (Pain / Opioids criteria for use) for continuing use of opioids include: (a) If the patient has returned to work (b) If the patient has improved functioning and pain. Based upon the records reviewed there is insufficient evidence to support the medical necessity of chronic narcotic use. There is lack of demonstrated functional improvement, percentage of relief, return to work, or increase in activity from the exam note of 10/8/15. Therefore the prescription is not medically necessary and the determination is not medically necessary.

**Xanax 1mg 1 tablet twice a day for anxiety related to chronic pain:** 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:** According to the CA Chronic Pain Medical Treatment Guidelines, page 24, Benzodiazepines, 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. 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. Tolerance to anticonvulsant and muscle relaxant effects occurs within weeks. Therefore the request for Xanax is not medically necessary and is not medically necessary.

**Effexor ER 37.5 milligrams, one tablet daily for depression related chronic pain:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Antidepressants for chronic pain.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): SSRIs (selective serotonin reuptake inhibitors).

**Decision rationale:** According to the California MTUS Chronic Pain Medical Treatment Guideline, page 108, SSRIs such as Effexor are not recommended as a treatment for chronic pain, but SSRIs may have a role in treating secondary depression. Selective serotonin reuptake inhibitors (SSRIs), a class of antidepressants that inhibit serotonin reuptake without action on noradrenaline, are controversial based on controlled trials. It has been suggested that the main role of SSRIs may be in addressing psychological symptoms associated with chronic pain. More information is needed regarding the role of SSRIs and pain. SSRIs have not been shown to be effective for low back pain. See Antidepressants for chronic pain for general guidelines, as well as specific SSRI listing for more information and references. In this case CA MTUS guidelines do not recommend the use of Effexor for chronic pain. Thus the prescription is not medically necessary.