

<b>Case Number:</b>	CM15-0089163		
<b>Date Assigned:</b>	05/13/2015	<b>Date of Injury:</b>	02/10/2009
<b>Decision Date:</b>	07/09/2015	<b>UR Denial Date:</b>	05/01/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/08/2015

### 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: Texas, Florida

Certification(s)/Specialty: Anesthesiology, 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 60-year-old female, who sustained an industrial injury on 2/10/09. She reported initial complaints of right groin pain. The injured worker was diagnosed as having inflammatory neuropathy; lumbar post-laminectomy syndrome; disorders of the neck; right inguinal hernia; insomnia; seizure disorder; anxiety disorder, depression and shingles. Treatment to date has included status post right inguinal herniorrhaphy (5/2010); genitofemoral nerve blocks and phenol neurolytic blocks; urine drug screening; medications. Diagnostics included CT scan of abdomen and pelvis (1/26/15). Currently, the PR-2 notes dated 3/31/15 indicated the injured worker complains of constant right groin, inner thigh and genitalia pain which is due to post-surgical changes after a right inguinal hernia repair operative on 5/2010. There are symptoms of genitofemoral neuralgia (GFN), with positive response after GFN blocks and neurolytic nerve phenol injections. The nerve blocks with phenol lasted much longer. On exam there is still exquisite tenderness over the lateral right pubic bone, where the GFN courses reproducing the pain to the inner thigh. She also has tenderness with palpation over the right sacroiliac joint over the low back. A request is documented for an orthopedic evaluation as well as a psychiatric evaluation and treatment as appropriate. The IW` was noted have not attended some psychiatric treatments due to the desire to stay at home. The psychiatrist noted that exacerbation of the symptoms was related to high dose opioids and sedatives utilization. The provider notes a QME reportedly determined that she requires further treatment including a revision of the right hernia surgery and a repeat of the genitofemoral nerve blocks and phenol neurolytic blocks. He notes there is no evidence of impairment, abuse, diversion or hoarding and urine drug screens shows she is compliant. Utilization Review most recently discussed prior Utilization Reviews recommended tapering Xanax and Soma as far back as November and December of 2012. The provider has requested Opana ER 40mg #60, Percocet 10/325mg

#240, Xanax 1mg #90, Xanax 2mg #30 and Soma 350mg #150.

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

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

**Opana ER 40mg #60:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 9792. 24. 2 Page(s): 42-43, 74-96, 124. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter Opioids.

**Decision rationale:** The CA MTUS and the ODG guidelines recommend that opioids can be utilized for the treatment of exacerbation of musculoskeletal pain when standard treatment with NSAIDs, exercise and PT has failed. The chronic utilization of high dose opioids can be associated with the development of tolerance, dependency, opioid induced hyperalgesia, addiction sedation and adverse interaction with other sedatives. The records indicate that the patient had significant psychiatric conditions. The patient had utilized high dose opioids and sedatives for many years without sustained reduction in pain signifying opioid induced hyperalgesia. The guidelines recommend that co-analgesic antidepressant and anticonvulsant medications be primarily utilized in chronic pain patient with significant psychosomatic disorders. There is documentation of decreased ADL, deconditioning and non-participation in psychiatric treatments programs. The guidelines recommend that patients on high dose opioids with significant psychosomatic disorders be referred to Pain Programs or Addiction centers for safe weaning. The criteria for the utilization of Opana ER 40mg #60 was not medically necessary.

**Percocet 10/325mg #240:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 9792. 24. 2 Page(s): 42-43, 74-96, 124.

**Decision rationale:** The CA MTUS and the ODG guidelines recommend that opioids can be utilized for the treatment of exacerbation of musculoskeletal pain when standard treatment with NSAIDs, exercise and PT has failed. The chronic utilization of high dose opioids can be associated with the development of tolerance, dependency, opioid induced hyperalgesia, addiction sedation and adverse interaction with other sedatives. The records indicate that the patient had significant psychiatric conditions. The patient had utilized high dose opioids and sedatives for many years without sustained reduction in pain signifying opioid induced hyperalgesia. The guidelines recommend that co-analgesic antidepressant and anticonvulsant medications be primarily utilized in chronic pain patient with significant psychosomatic disorders. There is documentation of decreased ADL, deconditioning and non-participation in psychiatric treatments programs. The guidelines recommend that patients on high dose opioids with significant psychosomatic disorders be referred to Pain Programs or Addiction centers for safe weaning. The criteria for the utilization of Percocet 10/325mg #240 was not medically

necessary.

**Xanax 1mg #90: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Alprazolam (Xanax).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 9792. 24. 2 Page(s): 24, 78. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter Mental Illness and Stress.

**Decision rationale:** The CA MTUS and the ODG guidelines recommend that benzodiazepines can be utilized for the short-term treatment of anxiety and insomnia in chronic pain patients. The chronic use of diazepam can be associated with the tolerance, dependency, addiction, sedation and adverse interaction with opioids and other sedative medications. The guidelines recommend that anticonvulsant and antidepressant medications with mood stabilizing and anxiolytic properties be utilized in chronic pain patients with significant anxiety and other psychosomatic symptoms. The records indicate that the duration of utilization of Xanax had exceeded the guidelines recommended maximum period of 4 to 6 weeks. The criteria for the use of Xanax 1mg #90 was not medically necessary.

**Xanax 2mg #30: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Alprazolam (Xanax).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 9792. 24. 2 Page(s): 24, 78. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter Mental Illness and Stress.

**Decision rationale:** The CA MTUS and the ODG guidelines recommend that benzodiazepines can be utilized for the short-term treatment of anxiety and insomnia in chronic pain patients. The chronic use of diazepam can be associated with the tolerance, dependency, addiction, sedation and adverse interaction with opioids and other sedative medications. The guidelines recommend that anticonvulsant and antidepressant medications with mood stabilizing and anxiolytic properties be utilized in chronic pain patients with significant anxiety and other psychosomatic symptoms. The records indicate that the duration of utilization of Xanax had exceeded the guidelines recommended maximum period of 4 to 6 weeks. The criteria for the use of Xanax 2mg #30 was not medically necessary.

**Soma 350mg #150: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 9792. 24. 2 Page(s): 29, 65. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter Muscle Relaxants.

**Decision rationale:** The CA MTUS and the ODG guidelines recommend that muscle relaxants can be utilized for the short-term treatment of severe musculoskeletal pain that did not respond to standard treatment with NSAIDs, exercise and PT. The chronic use of muscle relaxants can be associated with the development of tolerance, dependency, sedation, addiction, and adverse interaction with sedative medications. The chronic utilization of Soma is associated with significantly increased incidence of addiction because of the central nervous system anesthetic like action of the meprobamate metabolite. The records show that the patient is utilizing high dose opioids and multiple sedative medications concurrently. There is lack of documentation of sustained functional restoration with utilization of Soma. The ADL remained limited. The criteria for the use of Soma 350mg #150 was not medically necessary.