

<b>Case Number:</b>	CM14-0118170		
<b>Date Assigned:</b>	08/06/2014	<b>Date of Injury:</b>	02/10/2009
<b>Decision Date:</b>	10/16/2014	<b>UR Denial Date:</b>	07/02/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/28/2014

### 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. The expert reviewer is Board Certified in Anesthesiology and Pain Medicine, and is licensed to practice in Florida. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### 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 female who reported injury on 02/10/2009. The mechanism of injury was not submitted for review. The injured worker has diagnoses of neuralgia, neuritis, radiculitis, inflammatory neuropathy unspecified, post laminectomy syndrome of the lumbar region, and thoracic or lumbosacral neuritis/radiculitis unspecified. Past medical treatment includes surgery, physical therapy, nerve blocks, phenol neurolytic blocks, consults with internal medicine and psych, and medication therapy. Medications include Carisoprodol, Oxycodone/acetaminophen, Opana ER, Alprazolam 1 mg, and Alprazolam 2 mg. A urinalysis drug screen was submitted on 07/02/2014 which revealed that the injured worker was in compliance with her prescription medications. On 06/30/2014 the injured worker complained of groin and lower abdomen pain that radiated down her right leg. Physical examination revealed that ankle reflex to the right was normal. Ankle reflex to the left was normal. Knee reflex to the right and knee reflex to the left are normal. Sensation on the right: T12 normal, L1 normal, L3 normal, L4 normal, L5 normal, S1 normal, S2 normal, and normal distal extremities. Sensation on the left: T12 was normal, L4 normal, L2 normal, L3 normal, L5 normal, S1 normal, S2 normal, and normal distal extremities. Special testing tests were negative, no clonus of the ankle/knee, and Patrick/Faber test was positive. The medical treatment plan is for the injured worker to undergo a urine drug screen and continue the use of her medications, which consist of muscle relaxants, opioids, and Xanax. The rationale and Request for Authorization form were not submitted for review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Retrospective Urine drug screen DOS: 5/5/2014: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Urine Drug Test, Page(s): 43.

**Decision rationale:** The request for urine drug screen is not medically necessary. The California MTUS Guidelines recommend a urine drug screen test as an option to assess for the use of or the presence of illegal drugs. It may also be used in conjunction with a therapeutic trial of opioids, for ongoing management, and as a screening for risk of misuse and addiction. The documentation provided did not indicate that the injured worker displayed any aberrant behaviors, drug seeking behavior, or whether the injured worker was suspected of illegal drug use. Furthermore, the submitted records provided a urine drug screen that was obtained on 07/02/2014 showing that the injured worker was in compliance with her prescription medication, and with the MTUS Guidelines. However, it is unclear as to why the injured worker would need to undergo another urinalysis drug screen. The provider did not provide a rationale as to why additional testing is medically necessary. As such, the request for urine drug screen is not medically necessary.

**Soma 350mg #150 DOS: 5/5/2014: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants for pain, Page(s): 63.

**Decision rationale:** The request for muscle relaxants is not medically necessary. The California MTUS Guidelines recommend non-sedating muscle relaxants with caution as a second line option for short term treatment of acute exacerbations. They show no benefit beyond NSAIDs in pain and overall improvement and efficacy appears to diminish over time. Prolonged use of some medications in this class may lead to dependence. It was noted in the progress note dated 06/30/2014 that the injured worker had been on muscle relaxants since at least this time, exceeding the recommended guidelines for short term use. Furthermore, there was nothing documented in the submitted report indicating the efficacy of the medication and whether it was effective in helping the injured worker with any functional deficits. Furthermore, the request as submitted did not indicate the medication, the dosage, the frequency, and the duration. As such, the request for Soma 350mg #150 is not medically necessary.

**Percocet 10/325mg #240 DOS: 5/5/2014: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Criteria For Use, Page(s): 78.

**Decision rationale:** The request for opioids is not medically necessary. The California MTUS Guidelines recommend providing ongoing education on both the benefits and limitations of opioid treatment. The guidelines recommend that the lowest possible dose should be prescribed to improve pain and function. The guidelines recommend ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. The pain assessment should include: current pain; the least reported pain or the period since last assessment; average pain; intensity of pain after taking the opioid; how long it takes for pain relief; and how long the pain relief lasts. Satisfactory response to treatment may be indicated by the injured worker's decreased level of pain, increased level of function, or improved quality of life. The provided medical documentation lacked evidence of the injured worker's failure to respond to non-opioid analgesics. Additionally, the request as submitted did not indicate what type of opioid the provider was requesting. Furthermore, the request did not indicate the dosage, frequency, or duration. As such, the request for Percocet 10/325mg #240 is not medically necessary.

**Xanax 1mg #90 DOS: 5/5/2014: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines, Page(s): 24.

**Decision rationale:** The request for Xanax is not medically necessary. The California MTUS Guidelines do not recommend the use of benzodiazepines for long term use because long term efficacy is unproven and there is a risk of dependence. Most guidelines limit use to 4 weeks. The submitted report dated 06/30/2014 indicated that the injured worker had been taking Xanax since at least this time, exceeding the recommended MTUS Guidelines of short term use. There was also a lack of efficacy of the medication documented to support continued use. Furthermore, the request as submitted did not indicate a dosage, frequency, or duration of the medication. As such, the request for Xanax 1mg #90 is not medically necessary.

**Opana ER 10mg #60 5/5/2014: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Oxymorphone (Opana).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids (Oxymorphone (Opana), Oxymorphone Extended Release (Opana ER), Page(s): 78 AND 93.

**Decision rationale:** The request for Opana ER 10mg #60 DOS: 5/5/2014 is not medically necessary. The California Medical Treatment Utilization Schedule (MTUS) Guidelines state there is to be 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. There should also be the use of drug screening or inpatient treatment with issues of abuse, addiction, or poor pain control. There was no documentation rating the injured worker's pain before, during, and after the use of Opana ER. The provided medical documentation lacked evidence of the injured worker's failure to respond to non-opioid analgesics. A urinalysis drug screen was submitted on 07/02/2014 which revealed that the injured worker was in compliance with her prescription medications. However, there lacked evidence of what the injured worker's pain levels were before, during and after the medication. Furthermore, the request did not indicate the frequency, or duration. As such, the request for Opana ER 10mg #60 is not medically necessary.

**Xanax 2mg #30 DOS: 5/5/2014: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Alprazolam (Xanax).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Xanax Benzodiazepines Page(s): 24.

**Decision rationale:** The request for Xanax 2 mg #30 DOS: 5/5/2014 is not medically necessary. The California MTUS Guidelines do not recommend the use of benzodiazepines for long term use because long term efficacy is unproven and there is a risk of dependence. Most guidelines limit use to 4 weeks. The injured worker has been prescribed Xanax since at least 06/30/2014; this exceeds the guidelines recommendations for short term therapy. There was a lack of efficacy of the medication documented to support continued use, and the frequency and duration were not provided in the request as submitted. Therefore, based on the documents provided, the request for Xanax 2mg #30 is not medically necessary.