

<b>Case Number:</b>	CM14-0125205		
<b>Date Assigned:</b>	08/11/2014	<b>Date of Injury:</b>	08/24/2004
<b>Decision Date:</b>	09/19/2014	<b>UR Denial Date:</b>	07/18/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/07/2014

### 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 Physical Medicine and Rehabilitation and is licensed to practice in Texas. 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 patient is a 63 year old female who was injured on 08/24/2004. The mechanism of injury is unknown. Prior medication history included Oxycodone 30 Mg, Alprazolam 1 Mg, Carisoprodol 350 Mg, Promethazine 25 Mg, Prempro, Lidoderm patches 3 per day and Lidoderm patches 5%. Progress report dated 06/05/2014 states the patient complained of aching pain in the lumbar region and burning in the right gastrocs and pretibial areas as well as cramping in the ankles and feet. She reported her pain without medications is 9/10 and with medications, her pain is 4-5/10. She stated her pain allows her to sleep better, stand and walk around and perform other household chores. On exam, patellar reflexes are 2+ on the left and 1 on the right. ankle jerk is 1+ bilaterally; hip flexion strength is reduced to 4/5 on the left side, but it is normal on the right side. There is 4/5 weakness in the right quadriceps, extensor hallucis, tibialis anterior, gastrocs, and peroneals. Her sensatoin is decreased in L4, L5 and S1 distribution on the right, straight leg raise is positive on the right as well. Diagnoses are neuropathic pain, arthrodesis L3 through S1; degenerative spondylolisthesis L4-L5; low back pain, lumbar radiculopathy; and postlaminectomy syndrome. The patient was instructed to continue with analgesic medications and given refills of her medications Oxycodone, Carisoprodol, Lidoderm Patches, Alprazolam, and Oxycodone for 07/03, 07/31, and 08/28. Prior utilization review dated 07/18/2014 states the request for Alprazolam 1 mg qty:300.00 is modified to certify Alprazolam 1 mg #30; Lidoderm Patch Qty;450.00 is modified to certify Lidoderm patch #60; Carisoprodol 350mg Qty 300.00 is denied; Oxycodone IR 30mg RX 6/5/14 Qty 180.00 is modified to certify Oxycodone IR #90; Oxycodone IR 30mg RX 6/5/14 May fill 7/3/14 Qty 180.00 is modified to certify Oxycodone IR 30 mg #90; Oxycodone IR 30mg RX 6/5/14 May fill 7/31/14 Qty 180.00 is modified to certify Oxycodone IR 30 mg #90; Oxycodone IR 30mg RX 6/5/14 May fill 8/28/14 Qty 180.00 is modified to certify Oxycodone IR 30 mg #60.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Alprazolam 1 mg qty:300.00:** 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 Benzodiazepines Page(s): 24. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain, Benzodiazepines.

**Decision rationale:** The Chronic pain medical treatment guidelines notes that 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. The medical records does not indicate the medical necessity for the ongoing use of a Benzodiazepine at this juncture or a diagnosis that would support ongoing use. Based on Chronic Pain Medical Treatment Guidelines and Official Disability Guidelines (ODG) and criteria as well as the clinical documentation stated above, the request is not medically necessary.

**Lidoderm Patch Qty;450.00:** 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 Lidoderm (lidocaine patch), and Topical Analgesics Page(s): 56-57, 111-113. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Chapter, Lidoderm patch guidelines.

**Decision rationale:** The Chronic Pain Treatment Guidelines notes that this is not a first-line treatment and is only FDA approved for post-herpetic neuralgia. Further research is needed to recommend this treatment for chronic neuropathic pain disorders other than post-herpetic neuralgia. The medical records document the claimant has radiculopathy, but there is an absence in documentation noting that she has post herpetic neuralgia. Based on the Chronic Pain Treatment Guidelines as well as Official Disability Guidelines (ODG) guidelines and criteria as well as the clinical documentation stated above, the request is not medically necessary.

**Carisoprodol 350mg Qty 300.00:** 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 Muscle relaxants Page(s): 63-66. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain, muscle relaxants.

**Decision rationale:** The Chronic Pain Medical Treatment Guidelines recommends Recommend non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic lower back pain. The medical records does not document muscle spasms or that this medication is being prescribed short term for an acute exacerbation of pain. The claimant has had ongoing long term use of this medication which is not supported in the medical literature. Based on the Chronic Pain Medical Treatment Guidelines and criteria as well as the clinical documentation stated above, in addition to Official Disability Guidelines (ODG) the request is not medically necessary.

**Oxycodone IR 30mg RX 6/5/14 Qty 180.00: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 76-96. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain, Opioids.

**Decision rationale:** The Chronic Pain Medical Treatment Guidelines 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. Information from family members or other caregivers should be considered in determining the patient's response to treatment. The 4 A's for Ongoing Monitoring: Four domains have been proposed as most relevant for ongoing monitoring of chronic pain patients on opioids: pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant (or non-adherent) drug-related behaviors. Medical Records reflect the claimant has post laminectomy syndrome and reports 4-5/10 pain level with medications and 9/10 without medications. However, the current meq opioid maximum dose is 120 mg/24 hours and this claimant is at a 270 mg/24 hours. Additionally, there is an absence in documentation noting urine drug screen (UDS) monitoring her dosage and compliance with treatment. Based on the Chronic Pain Treatment Guidelines in addition to Official Disability Guidelines (ODG) guidelines and criteria as well as the clinical documentation stated above, the request is not medically necessary.

**Oxycodone IR 30mg RX 6/5/14 May fill 7/3/14 Qty 180.00: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 76-96. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain, Opioids.

**Decision rationale:** The Chronic Pain Medical Treatment Guidelines 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. Information from family members or other caregivers should be considered in determining the patient's response to treatment. The 4 A's for Ongoing Monitoring: Four domains have been proposed as most relevant for ongoing monitoring of chronic pain patients on opioids: pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant (or nonadherent) drug-related behaviors. For ongoing use of opioids. Medical Records reflect the claimant has post laminectomy syndrome and reports 4-5/10 pain level with medications and 9/10 without medications. However, the current meq opioid maximum dose is 120 mg/24 hours and this claimant is at a 270 mg/24 hours. Additionally, there is an absence in documentation noting urine drug screen (UDS) monitoring her dosage and compliance with treatment. Based on the Chronic Pain Treatment Guidelines in addition to Official Disability Guidelines (ODG) guidelines and criteria as well as the clinical documentation stated above, the request is not medically necessary.

**Oxycodone IR 30mg RX 6/5/14 May fill 7/31/14 Qty 180.00:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 76-96. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain, Opioids.

**Decision rationale:** The Chronic Pain Medical Treatment Guidelines 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. Information from family members or other caregivers should be considered in determining the patient's response to treatment. The 4 A's for Ongoing Monitoring: Four domains have been proposed as most relevant for ongoing monitoring of chronic pain patients on opioids: pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant (or non-adherent) drug-related behaviors. For ongoing use of opioids. Medical Records reflect the claimant has post laminectomy syndrome and reports 4-5/10 pain level with medications and 9/10 without medications. However, the current meq opioid maximum dose is 120 mg/24 hours and this claimant is at a 270 mg/24 hours. Additionally, there is an absence in documentation noting urine drug screen (UDS) monitoring her dosage and compliance with treatment. Based on the Chronic Pain Treatment Guidelines in addition to Official Disability Guidelines (ODG)

guidelines and criteria as well as the clinical documentation stated above, the request is not medically necessary.

**Oxycodone IR 30mg RX 6/5/14 May fill 8/28/14 Qty 180.00: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 76-96. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain, Opioids.

**Decision rationale:** The Chronic Pain Medical Treatment Guidelines 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. Information from family members or other caregivers should be considered in determining the patient's response to treatment. The 4 A's for Ongoing Monitoring: Four domains have been proposed as most relevant for ongoing monitoring of chronic pain patients on opioids: pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant (or non-adherent) drug-related behaviors. For ongoing use of opioids. Medical Records reflect the claimant has post laminectomy syndrome and reports 4-5/10 pain level with medications and 9/10 without medications. However, the current meq opioid maximum dose is 120 mg/24 hours and this claimant is at a 270 mg/24 hours. Additionally, there is an absence in documentation noting UDS monitoring her dosage and compliance with treatment. Based on the Chronic Pain Treatment Guidelines in addition to Official Disability Guidelines (ODG) guidelines and criteria as well as the clinical documentation stated above, the request is not medically necessary.