

<b>Case Number:</b>	CM14-0183582		
<b>Date Assigned:</b>	11/10/2014	<b>Date of Injury:</b>	10/27/1995
<b>Decision Date:</b>	12/16/2014	<b>UR Denial Date:</b>	10/20/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/04/2014

### 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 Internal Medicine and is licensed to practice in California. 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 an injured worker with a medical history of degenerative lumbar disk disease with discopathy at L5-S1, lumbar facet joint syndrome, sacroiliac joint arthropathy, depressive disorder, anxiety, chronic lumbosacral musculoligamentous strain, bilateral carpal tunnel syndrome, lumbar spine surgery 1996, and carpal tunnel surgery 1997. Date of injury was 10-27-1995. The narrative report on medication management dated September 26, 2014 documented that the patient has been provided with psychological evaluation and treatment. The patient presented at the office for medication management for persistent symptoms of depression, anxiety and stress related medical complaints arising from an industrial stress injury to the psyche. The medications improve anxiety, depression, confusion, emotional control and stress-intensified medical complaints. Prescriptions dated 9/26/14 were Butrans, Xanax, Prozac, and Prilosec.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Xanax 1mg #60 with 2 refills.:** 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) Benzodiazepines Work Loss Data Institute Bibliographic Source: Work Loss Data Institute. Pain (chronic). Encinitas (CA): Work Loss Data Institute; 2013 Nov 14. Guideline.Gov

**Decision rationale:** The Medical Treatment Utilization Schedule (MTUS) Chronic Pain Medical Treatment Guidelines (Page 24) states 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. Tolerance to hypnotic effects develops rapidly. Tolerance to anxiolytic effects occurs within months and long-term use may actually increase anxiety. Tolerance to anticonvulsant and muscle relaxant effects occurs within weeks. The ODG guidelines state that Benzodiazepines are not recommended for long-term use because long-term efficacy is unproven and there is a risk of psychological and physical dependence or frank addiction. Most guidelines limit use to 4 weeks. Benzodiazepines are a major cause of overdose, particularly as they act synergistically with other drugs such as opioids (mixed overdoses are often a cause of fatalities). Tolerance to hypnotic effects develops rapidly (3-14 day). Tolerance to anxiolytic effects occurs within months and long-term use may actually increase anxiety. Tolerance to anticonvulsant and muscle relaxant effects occurs within weeks. Tolerance to lethal effects does not occur and a maintenance dose may approach a lethal dose as the therapeutic index increases. Adults who use hypnotics, including Benzodiazepines, have a greater than 3-fold increased risk for early death. Benzodiazepines are not recommended as first-line medications by THE ODG. Work Loss Data Institute guidelines for Pain (chronic) states that Benzodiazepines for long-term use are not recommended. Medical records document the long-term use of Benzodiazepines. The MTUS guidelines do not support the long-term use of Benzodiazepines. Work Loss Data Institute guidelines and the ODG guidelines do not recommend the long-term use of Benzodiazepines. Therefore the prescription of Xanax 1 mg #60 with 2 refills is not supported and is not medically necessary.

**Prozac 20mg #60 with 2 refills.:** Overturned

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Anti-depressants for chronic pain Page(s): 13-16. Decision based on Non-MTUS Citation FDA Prescribing Information Prozac (Fluoxetine), <http://www.drugs.com/pro/prozac-capsules.html>

**Decision rationale:** The Medical Treatment Utilization Schedule (MTUS) Chronic Pain Medical Treatment Guidelines state that antidepressants for chronic pain are recommended as a first line option for neuropathic pain, and as a possibility for non-neuropathic pain. FDA Prescribing Information states that Prozac (Fluoxetine) is indicated for the treatment of major depressive disorder. Medical records document a medical history of degenerative lumbar disk disease with discopathy at L5-S1, lumbar facet joint syndrome, sacroiliac joint arthropathy, depressive disorder, anxiety, chronic lumbosacral musculoligamentous strain, bilateral carpal tunnel syndrome, lumbar spine surgery 1996, and carpal tunnel surgery 1997. The narrative report on medication management dated September 26, 2014 documented that the patient has been provided with psychological evaluation and treatment. The patient presented at the office for

medication management for persistent symptoms of depression, anxiety and stress related medical complaints arising from an industrial stress injury to the psyche. The medications improve anxiety, depression, confusion, emotional control and stress-intensified medical complaints. Prescriptions dated 9/26/14 included Prozac. Medical records document the diagnosis of depression, which is an FDA indication for Prozac (Fluoxetine). The MTUS and the FDA guidelines support the prescription of Prozac and is considered medically necessary.

**Prilosec 20mg #60 with 2 refills.:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk Page(s): 68-69.

**Decision rationale:** The Medical Treatment Utilization Schedule (MTUS) Chronic Pain Medical Treatment Guidelines addresses NSAIDs and gastrointestinal risk factors. Proton Pump Inhibitor (PPI), e.g. Omeprazole, is recommended for patients with gastrointestinal risk factors. The narrative report dated September 26, 2014 did not document NSAID use or the prescription of NSAID medications. No active gastrointestinal diagnoses or symptoms were documented. Because of the absence of gastrointestinal risk factors, the request for the proton pump inhibitor Prilosec (Omeprazole) is not supported, in accordance with MTUS guidelines. Therefore, the request for Prilosec 20mg #60 with 2 refills is not medically necessary.

**Butrans 10mg patches x 4 with 2 refills.:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 26.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment, Chapter 8 Neck and Upper Back Complaints, Chapter 11 Forearm, Wrist, and Hand Complaints, Chapter 12 Low Back Complaints Page(s): 47-48, 181-183, 271-273, 308-310, Chronic Pain Treatment Guidelines Opioids Page(s): 74-96.

**Decision rationale:** The Medical Treatment Utilization Schedule (MTUS) Chronic Pain Medical Treatment Guidelines address opioids. The lowest possible dose should be prescribed to improve pain and function. Frequent evaluation of clinical history and frequent review of medications are recommended. Periodic review of the ongoing chronic pain treatment plan for the injured worker is essential. Patients with pain who are managed with controlled substances should be seen regularly. American College of Occupational and Environmental Medicine (ACOEM) 2nd Edition (2004) Chapter 3 states that opioids appear to be no more effective than safer analgesics for managing most musculoskeletal symptoms. Opioids should be used only if needed for severe pain and only for a short time. ACOEM guidelines state that the long-term use of opioids is not recommended for neck, back, forearm, wrist, and hand conditions. The narrative report dated September 26, 2014 documented the prescription of Butrans, which is an opioid. No musculoskeletal physical examination was documented. Without physical examination findings,

the use of Butrans is not supported. Therefore, the request for Butrans 10mg patches x 4 with 2 refills is not medically necessary.