

<b>Case Number:</b>	CM14-0210934		
<b>Date Assigned:</b>	12/23/2014	<b>Date of Injury:</b>	10/23/2008
<b>Decision Date:</b>	02/17/2015	<b>UR Denial Date:</b>	11/21/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/16/2014

### 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 Occupational 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:

This case is a 46 year old male with a date of injury on 10/23/2008. A review of the medical records indicates that the patient has been undergoing treatment for lumbalgia. Subjective complaints (10/28/2014) include back pain that is worsening with activity, 3-4/10 on pain scale. Objective findings (10/28/2014) include antalgic gait, positive FABER bilaterally, and L4-5 pain to palpation. Treatment has included methadone, ibuprofen 800mg, Norco, Omeprazole, Xanax (9/2014), lumbar fusion, Prilosec (2011), Omeprazole (8/2014), BuTrans patch (8/2014), and Wellbutrin. A utilization review dated 11/21/2014 non-certified the following: Xanax 0.5mg #30 with 4 refills, Omeprazole 20mg #30 with 4 refills and Butrans 20/mcg/hr patch #4 with 4 refills.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Xanax 0.5mg #30 with 4 refills:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines. Decision based on Non-MTUS Citation Official Disability Guidelines

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines Page(s): 24. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Mental Illness, Benzodiazepines.

**Decision rationale:** MTUS and ODG states that benzodiazepine (ie Lorazepam) is "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." ODG further states regarding Lorazepam "Not recommended". Medical records indicate that the patient has been on Xanax for several months, exceeding MTUS recommendations. Medical records do indicate prior treatment with antidepressants. The treatment notes, however, are unclear the results of those trials. The medical record does not provide any extenuating circumstances to recommend exceeding the guideline recommendations. Finally, the request as written allow for 4 additional refills, which would account for 5 months of Xanax without any interim evaluation and assessment. This length of time for Xanax is guideline recommendation of 4 weeks. As such, the request for Xanax 0.5mg #30 with 4 refills is not medical necessary.

**Omeprazole 20mg #30 with 4 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

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

**Decision rationale:** MTUS and ODG states, "Determine if the patient is at risk for gastrointestinal events: (1) age > 65 years; (2) history of peptic ulcer, GI bleeding or perforation; (3) concurrent use of ASA, corticosteroids, and/or an anticoagulant; or (4) high dose/multiple NSAID (e.g., NSAID + low-dose ASA)." And "Patients at intermediate risk for gastrointestinal events and no cardiovascular disease: (1) A non-selective NSAID with either a PPI (Proton Pump Inhibitor, for example, 20 mg omeprazole daily) or misoprostol (200g four times daily) or (2) a Cox-2 selective agent. Long-term PPI use (> 1 year) has been shown to increase the risk of hip fracture (adjusted odds ratio 1.44)." The medical documents provided do not establish the patient has having documented GI bleeding, perforation, peptic ulcer, high dose NSAID, or other GI risk factors as outlined in MTUS. As such, the request for Omeprazole 20mg #30 with 4 refills is not medically necessary.

**Butrans 20/mcg/hr patch #4 with 4 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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Buprenorphine Page(s): 26 and 27. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Chronic Pain, Butrans

**Decision rationale:** MTUS states that Suboxone, which is a brand name of the drug known as buprenorphine, is "recommended for treatment of opiate addiction. Also recommended as an option for chronic pain, especially after detoxification in patients who have a history of opiate addiction." ODG states " Buprenorphine transdermal system (Butrans; no generics): FDA-approved for moderate to severe chronic pain. Available as transdermal patches at 5mcg/hr, 10mcg/hr and 20mcg/hr. See also Buprenorphine for treatment of opioid dependence" The ODG states that Suboxone is "recommended as an option for treatment of chronic pain (consensus based) in selected patients (not first-line for all patients). Suggested populations: (1) Patients with a hyperalgesic component to pain; (2) Patients with centrally mediated pain; (3) Patients with neuropathic pain; (4) Patients at high-risk of non-adherence with standard opioid maintenance; (5) For analgesia in patients who have previously been detoxified from other high-dose opioids. Use for pain with formulations other than Butrans is off-label. Due to complexity of induction and treatment the drug should be reserved for use by clinicians with experience." The employee appears to be using this medication for chronic pain. However, there is no medical documentation of any of the five conditions listed above which are the specific indications for using Butrans instead of one of the first line agents. No documentation regarding hyperalgesic component of the pain, centrally mediated pain. Medical records do indicate radicular pain, but not neuropathic. There is no evidence of previously detoxification from other high-dose opioids, as medical records still indicate that the patient is being treated with methadone. Therefore, the request for Butrans 20/mcg/hr patch #4 with 4 refills is not medically necessary.