

<b>Case Number:</b>	CM15-0116854		
<b>Date Assigned:</b>	06/25/2015	<b>Date of Injury:</b>	04/29/2002
<b>Decision Date:</b>	07/30/2015	<b>UR Denial Date:</b>	06/04/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/17/2015

### 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: Pennsylvania  
 Certification(s)/Specialty: Internal Medicine

### 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 62 year old male who sustained an industrial injury on 4/29/02. The injured worker was diagnosed as having cervical disc disease, lumbar disc disease with myelopathy, constipation and gastritis. Treatment to date has included cervical fusion (2004), lumbar discectomy and fusion (2005), cane for ambulation, activity restrictions and oral medications including Gabapentin 300mg, Omeprazole 20mg, OxyContin 30mg, Percocet 10/325mg and Xanax 1mg. Oxycontin, xanax, and percocet have been prescribed since at least December of 2014. Currently, on 5/26/15 the injured worker complains of continued low back and neck pains which are about the same as previous visit and controlled with medications enough to allow walking and light activities of daily living. He noted some falls due to left leg weakness and he has fainted in the morning. On 3/3/15, he noted his lumbar spine pain level to be 4/10 with medications and 7-8/10 without medications. His work status remains permanent and stationary. Physical exam dated 3/3/15 revealed moderate paralumbar myospasm, moderate parathoracic myospasm and decreased cervical range of motion, exam dated 4/28/15 revealed moderate paralumbar myospasm, moderate thoracic myospasm, and decreased cervical range of motion and ambulation with a cane and on 5/26/15, physical exam noted slow ambulation with a cane and moderate paralumbar myospasm. The treatment plan included continuation of present treatment program including Gabapentin 300mg #180, Omeprazole 20mg #60, OxyContin 30mg, Percocet 10/325 and Xanax 1mg. A request for authorization was submitted for Gabapentin 300mg, Omeprazole 20mg, OxyContin 30mg, Percocet 10/325mg and Xanax 1mg.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Oxycontin 30 mg Qty 60:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-96.

**Decision rationale:** According to CA MTUS guidelines long term use of opioids is discouraged unless there is ongoing review and documentation of pain relief and improvement of functional status. Pain assessment should include current pain, least reported pain over the period since last assessment, average pain, and intensity of pain after taking the opioid, how long it takes for pain relief and how long relief lasts. The treating physician did not document improvement in pain or improvement in function. The MTUS recommends prescribing of opioids according to function, with specific functional goals, return to work, random drug testing, and opioid contract. None of these were documented. At the most recent visit, the injured worker reported he had no change in pain since previous visit. Documentation of level of pain is noted only on 3/3/15. The injured worker has received oxycontin and percocet for at least five months. The physician has documented that the injured worker has had falls and fainting, without discussion of possible contribution of medications to these events. There is no documentation of a urine drug test. For these reasons, the request for OxyContin is not medically necessary.

**Xanax 1 mg Qty 50:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines Page(s): 24, 66.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines Page(s): 24, 66.

**Decision rationale:** CA MTUS guidelines do not recommend Benzodiazepines for long term use due to unproven efficacy and risk of dependency. The MTUS states: "Most guidelines limit use to 4 weeks." "There appears to be little benefit for the use of this class drugs over non-benzodiazepines for the treatment of spasm." Documentation indicates the injured worker has received Xanax for at least five months. At the most recent visit, it is also noted there is no change in symptoms from previous visit. The physician has documented that the injured worker has had falls and fainting, without discussion of possible contribution of medications to these events. The treating physician has not specified the reason for prescription for xanax. There was no documentation of functional improvement as a result of use of xanax. Work status has not changed, and there was no discussion of improvement in specific activities of daily living as a result of use of xanax. Due to length of use in excess of the guideline recommendations, lack of functional improvement, and potential for toxicity, the request for Xanax is not medically necessary.

**Percocet 10/325 mg Qty 120: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids  
Page(s): 74-96.

**Decision rationale:** According to CA MTUS guidelines long term use of opioids is discouraged unless there is ongoing review and documentation of pain relief and improvement of functional status. Pain assessment should include current pain, 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 relief lasts. The treating physician did not document improvement in pain or improvement in function. The MTUS recommends prescribing of opioids according to function, with specific functional goals, return to work, random drug testing, and opioid contract. None of these were documented. At the most recent visit, the injured worker reported he had no change in pain since previous visit. Documentation of level of pain is noted only on 3/3/15. The injured worker has received oxycontin and percocet for at least five months. The physician has documented that the injured worker has had falls and fainting, without discussion of possible contribution of medications to these events. There is no documentation of a urine drug test. For these reasons, the request for percocet is not medically necessary.