

<b>Case Number:</b>	CM15-0123092		
<b>Date Assigned:</b>	07/07/2015	<b>Date of Injury:</b>	09/14/1987
<b>Decision Date:</b>	07/31/2015	<b>UR Denial Date:</b>	06/24/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/25/2015

### 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: Texas, Florida, California  
 Certification(s)/Specialty: Preventive Medicine, Occupational 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 65-year-old male, who sustained an industrial injury on 9/14/1987. He reported cumulative traumatic injuries to the low back. Diagnoses include back pain with radiculopathy, spinal stenosis, post laminectomy syndrome; status post multiple lumbar surgeries, depression, insomnia, and bursitis of the shoulder. Treatments to date include Neurontin, Alprazolam, MSContin, Oxycodone, and physical therapy with home exercise. Currently, he complained of pain in the low back, bilateral legs and bilateral ankles and feet. Pain with medications at best was rated 2-3/10 VAS and without medication, pain was rated 6-10/10 VAS. On 5/12/15, the physical examination documented a forward bent posture and antalgic gait secondary to low back pain. The plan of care included alprazolam 1mg #90; MSContin 60mg #60; and Oxycodone HCL 30mg #30.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Alprazolam 1 MG #90:** Upheld

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

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, under Benzodiazepines.

**Decision rationale:** This claimant was injured back in 1987 with alleged cumulative traumatic injuries to the low back. Diagnoses include back pain with radiculopathy, spinal stenosis, post laminectomy syndrome; status post multiple lumbar surgeries, depression, insomnia, and bursitis of the shoulder. He continues with low back pain. The physical examination documented a forward bent posture and antalgic gait secondary to low back pain. The current California web-based MTUS collection was reviewed in addressing this request. The guidelines are silent in regards to this request. Therefore, in accordance with state regulation, other evidence-based or mainstream peer-reviewed guidelines will be examined. Regarding benzodiazepine medications, the ODG notes in the Pain section: 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. In this case, it appears the usage is long term, which is unsupported in the guidelines. The objective benefit from the medicine is not disclosed. The side effects are not discussed. The request is appropriately non-certified following the evidence-based guideline.

**MS Contin 60 MG #60:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids for Chronic Pain Page(s): 80-81.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 79, 80 and 88 of 127.

**Decision rationale:** As shared previously, this claimant was injured back in 1987 with alleged cumulative traumatic injuries to the low back. Diagnoses include back pain with radiculopathy, spinal stenosis, post laminectomy syndrome; status post multiple lumbar surgeries, depression, insomnia, and bursitis of the shoulder. He continues with low back pain. The physical examination documented a forward bent posture and antalgic gait secondary to low back pain. The current California web-based MTUS collection was reviewed in addressing this request. They note in the Chronic Pain section: When to Discontinue Opioids: Weaning should occur under direct ongoing medical supervision as a slow taper except for the below mentioned possible indications for immediate discontinuation. They should be discontinued: (a) If there is no overall improvement in function, unless there are extenuating circumstances. When to Continue Opioids (a) If the patient has returned to work; (b) If the patient has improved functioning and pain. In the clinical records provided, it is not evident these key criteria have been met in this case. The request for the opiate usage is not certified per MTUS guideline review.

**Oxycodone HCL 30 MG #120:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids for Chronic Pain Page(s): 80-81.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 79, 80 and 88 of 127.

**Decision rationale:** As shared, this claimant was injured back in 1987 with alleged cumulative traumatic injuries to the low back. Diagnoses include back pain with radiculopathy, spinal stenosis, post laminectomy syndrome; status post multiple lumbar surgeries, depression, insomnia, and bursitis of the shoulder. He continues with low back pain. The physical examination documented a forward bent posture and antalgic gait secondary to low back pain. In regards to the long term use of opiates, the MTUS also poses several analytical necessity questions such as: has the diagnosis changed, what other medications is the patient taking, are they effective, producing side effects, what treatments have been attempted since the use of opioids, and what is the documentation of pain and functional improvement and compare to baseline. These are important issues, and they have not been addressed in this case. As shared earlier, there especially is no documentation of functional improvement with the regimen. The request is non-certified.