

<b>Case Number:</b>	CM15-0124562		
<b>Date Assigned:</b>	07/09/2015	<b>Date of Injury:</b>	03/06/2009
<b>Decision Date:</b>	09/10/2015	<b>UR Denial Date:</b>	06/10/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/29/2015

### 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: New York

Certification(s)/Specialty: Pediatrics, 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 female, who sustained an industrial injury on March 6, 2009. The injured worker's initial complaints and diagnoses are not included in the provided documentation. The injured worker was diagnosed as having cervical 4 through cervical 6 central and foraminal narrowing with cervical 6-cervical 7 moderate central and severe bilateral foraminal narrowing with EMG (electromyography) evidence of right greater than left cervical 6 through C8 radiculopathy; thoracic disc disease with thoracic 11 disc extrusion; lumbar 5-sacral 1 disc bulge with right foraminal narrowing and Lumbar radiculopathy radicular pain with possible nerve root abutment and resolution with epidural; depression, post-traumatic stress disorder (PTSD), adjustment disorder, and thoracic myofascial pain. On April 3, 2015, a urine drug screen was positive for benzodiazepines, opiates, and Phencyclidine. Treatment to date has included epidural steroid injections and medications including oral opioid analgesic, topical analgesics, antianxiety, and non-steroidal anti-inflammatory. There were no noted previous injuries or dates of injury. Comorbid diagnoses included history of gastrointestinal reflux disease and hypothyroidism. Work status: she is retired. On April 1, 2015, the injured worker complained of worsening bilateral lower extremity pain. She reported the epidural steroid injection from May 2014 has worn off. Her pain is rated 9 out of 10. The physical exam revealed a normal gait and full strength in the lower extremities, except for mild weakness in the left tibialis anterior muscle. There was decreased sensation in the bilateral lateral buttocks and bilateral calves, positive bilateral straight leg raise, and a PHQ-9 score of 14/30 indicating mild depression. The

treating physician noted that the injured worker had an updated opiate consent. The treatment plan included continuing her current medications, which included Norco and Xanax.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**Norco 10/325mg #120, per 05/29/15 order:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 91, 78-80, 124.

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

**Decision rationale:** The long-term usage of opioid therapy is discouraged by the California Medical Treatment Utilization Schedule (CMTUS) guidelines unless there is evidence of "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." There was lack of physician documentation of the least reported pain over the period since last assessment, average pain, and the intensity of pain after taking the opioid, how long it takes for pain relief, how long pain relief lasts, improvement in pain, and improvement in function. In addition, the California Medical Treatment Utilization Schedule (MTUS) guidelines also details indications for discontinuing opioid medication, such as serious non-adherence or diversion. There was lack of evidence of a risk assessment profile and attempt at weaning/tapering. There was a lack of documentation of a recent urine drug screen to support compliance of treatment with Tramadol ER, which would be necessary for continued usage. The injured worker is diagnosed with and treated for anxiety and depression. These are considered red flags and have not been shown to have good success with opioid therapy. The provider does not detail extenuating circumstances for opioid usage in the context of anxiety and depression. The urine drug screen done on April 3, 2015 revealed positive results that were consistent with her prescribed medication. In addition, the urine drug screen revealed a positive result for Phencyclidine, which is inconsistent with her prescribed medications. The inconsistent results are not explained by treating provider, which would be necessary for continued usage. Therefore, the Tramadol ER is not medically necessary.

**Xanax 2mg #30 with 3 refills, per 05/29/15 order:** Upheld

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

**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 (Chronic) Chapter: Benzodiazepine; Mental Illness & Stress Chapter: Benzodiazepine.

**Decision rationale:** Per the California Medical Treatment Utilization Schedule (CMTUS), 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. The CMTUS states that a more appropriate treatment for anxiety disorder is an antidepressant. The CMTUS does not recommend benzodiazepines for long-term use for any condition. The Official Disability Guidelines recommend against prescribing benzodiazepines with opioids and other sedatives. The injured worker has been taking Xanax since at least November 2014. This injured worker has also been prescribed Norco, an opioid. Due to length of use in excess of the guideline recommendations, and prescription of an opioid medication, which is not recommended by the guidelines, the request for alprazolam is not medically necessary.