MAXIMUS Federal Services

Case Number:	CM15-0124683		
Date Assigned:	07/09/2015	Date of Injury:	08/28/1988
Decision Date:	09/15/2015	UR Denial Date:	06/11/2015
Priority:	Standard	Application Received:	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: Emergency 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 58-year-old female, with a reported date of injury of 08/28/1988. The mechanism of injury was not indicated in the medical records provided for review. The injured worker's symptoms at the time of the injury were not indicated. The diagnoses include lumbar degenerative disc disease, status post lumbar discectomy, laminectomy, and fusion; chronic neck pain; chronic back pain; right lumbosacral radiculitis; pain-related insomnia; situational depression/anxiety; and pain disorder. Treatments and evaluation to date have included oral medications, topical pain medications, a heating pad, a TENS (transcutaneous electrical nerve stimulation) unit, pain management, and psychotherapy. The diagnostic studies to date were not indicated. The medical report dated 06/02/2015 indicates that interruptions in the injured worker medication regimen had been very disruptive to her life. She has had difficulty with continuing to work, and has had to take days off. There was no documentation of the injured worker's chief and current complaints. The injured worker received Duragesic patches, and used two of them every three days. She also received Xanax, which was prescribed three times a day as needed to help manage her pain-related anxiety. The Xanax has improved her function with daily tasks and her ability to cope with her pain-related anxiety. With her normal medication regimen, her tolerance for standing or walking activities is limited to approximately 20 minutes whereas without her medications, her tolerance for such activities is limited to approximately 10 minutes. The injured worker noted 40% reduction in her pain with the use of her current medication regimen. She rated her pain level 7-8 out of 10 in intensity without medications, and 4 out of 10 with medications. The injured worker has a signed pain contract, and it was noted that she has

not showed any aberrant behaviors regarding her medications. Her urine study dated 04/15/2015 was consistent with her medication regimen. The objective findings include moderate tenderness and spasm throughout the bilateral cervical paraspinal regions, with tenderness noted throughout the cervical spine; deferred range of motion testing in the cervical spine; slight tenderness to palpation throughout the thoracic spine; no thoracic paraspinal tenderness; tenderness throughout the lumbar spine; positive right seated straight leg raise test; and slightly reduced sensation to light touch in the anterolateral right thigh. The treating physician requested Duragesic patch ER (extended-release) and Xanax with one refill.

IMR ISSUES, DECISIONS AND RATIONALES

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

Xanax 0.5 mg Qty 90 with 1 refill: Upheld

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

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 Chapter, Benzodiazepines.

Decision rationale: The MTUS Chronic Pain Guidelines indicate that benzodiazepines are not recommended for long-term use because long-term effectiveness 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 MTUS does not recommend benzodiazepines for long term use for any condition. Xanax is a benzodiazepine. The injured worker has been taking Xanax since at least 10/01/2014. The MTUS states that a more appropriate treatment for anxiety disorder is an antidepressant. There was documentation that the injured worker had recently been placed on Lexapro by a psychiatrist. It was noted that the injured worker had failed trials of Wellbutrin, Lexapro, and Effexor. The Official Disability Guidelines recommend against prescribing benzodiazepines with opioids and other sedatives. The injured worker is also taking Duragesic patches, which is an opioid. The request does not meet guideline recommendations. Therefore, the request for Xanax is not medically necessary.

Duragesic patch 75 mcg ER (extended release) Qty unspecified: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids; Fentanyl transdermal.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Duragesic (fentanyl transdermal system) and opioids Page(s): 44 and 74-96.

Decision rationale: The CA MTUS Chronic Pain Guidelines indicate that Duragesic is not recommended as a first-line therapy. "Duragesic is the trade name of a fentanyl transdermal therapeutic system, which releases fentanyl, a potent opioid, slowly through the skin." The

FDA-approved product labeling states that Duragesic is designated in the management of chronic pain in patients who require continuous opioid pain relief for pain that cannot be managed by other means, such as non-steroidal anti-inflammatory drugs (NSAIDs). According to the medical records, the injured worker has been using the Duragesic patch since at least 10/01/2014. There was no documentation that the injured worker had failed NSAID use. The guidelines indicate that topical analgesics are "primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed." There was documentation that the injured worker had recently been placed on Lexapro by a psychiatrist. It was noted that the injured worker had failed trials of Wellbutrin, Lexapro, and Effexor. The guidelines state that Duragesic should only be used in patients who are currently on opioid therapy in which tolerance has developed. The injured worker was diagnosed with an opioid-related disorder on 02/23/2015. There was no documentation that the injured worker had opioid-therapy tolerance. There was no discussion of improvement in specific activities of daily living as a result of Duragesic patch. The requested prescription is for an unstated quantity, and the medical records do not clearly establish the quantity. Requests for unspecified quantities of medications are not medically necessary, as the quantity may potentially be excessive and in use of longer than recommended. Therefore, the request for Duragesic patch is not medically necessary.