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| <b>Case Number:</b>   | CM15-0173658 |                              |            |
| <b>Date Assigned:</b> | 09/15/2015   | <b>Date of Injury:</b>       | 11/22/2004 |
| <b>Decision Date:</b> | 10/20/2015   | <b>UR Denial Date:</b>       | 08/25/2015 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 09/03/2015 |

### 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: California

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 33 year old male, who sustained an industrial injury on 11-22-2004. The injured worker was diagnosed as having lumbago and lumbar degenerative disc disease. Treatment to date has included diagnostics, lumbar spinal surgery, and medications. Currently (8- 17-2015), the injured worker complains of pain rated 6 out of 10 with medication use. He reported a "new" numbness in his right lower extremity over the right anterior thigh, also documented on visit 7-17-2015, at which time pain was rated 5 out of 10. He reported continued benefit with the use of current medication regimen and reported that he was "unable to wean down further at this time" and was more active in caring for his son, helping with household chores, as well as looking for a new house. Magnetic resonance imaging of the lumbar spine was documented as showing bilateral facet arthropathy L3-4 and status post L4-S1 anterior-posterior fusion within normal limits. He reported that urine toxicology (7-20-2015) was inconsistent due to possible accidental use of Demerol from an old prescription, since his Oxycodone and Demerol looked similar. It was also documented that toxicology was positive for Xanax (prescribed) and ETOH. It was documented that a previous discussion was held regarding the use of alcohol in conjunction with narcotic medications. He reported excessive alcohol use previously due to uncontrolled pain but reported only occasional and social use now since his pain was better managed. Previous urine toxicology (5-29-2015, 2-27-2015, and 4-15-2014) reports were also positive for ETOH. He was currently not working. Current medications included MSER 200mg two versus three times daily, Oxycodone 30mg three times daily, and Valium 10mg three times daily. He was previously rotated from Robaxin to Valium and failed

medications included Baclofen and Flexeril. It was documented that he was seen in the Emergency Department in 5-2015, due to a flare up of pain. Previously failed detox programs (5-6 times) were documented. Per the request for authorization (8-18-2015), the treatment plan included MSER 60mg #60, MSER 200mg #60, MSER 100 #30, Oxycodone 30mg #90, and Valium 10mg #90. The requests for MSER 60mg and 100mg were non-certified and Valium was modified by the Utilization Review on 8-25-2015.

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

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

**MSER 60mg #60:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, criteria for use, Opioids for chronic pain, Opioids, cancer pain vs. nonmalignant pain, Opioids, dealing with misuse & addiction, Opioids, dosing, Opioids, long-term assessment.

**Decision rationale:** MSER is morphine, an opioid. Patient has chronically been on an opioid pain medication. As per MTUS Chronic pain guidelines, documentation requires appropriate documentation of analgesia, activity of daily living, adverse events and aberrant behavior. Documentation fails criteria. There is minimal benefit from current excessive opioid regiment. There continues to be multiple warnings concerning aberrant behavior. Multiple inconsistent urine drug screen is noted. Patient continues to abuse ethanol and recent UDS was positive for demerol that patient claims was mistakenly taken. Patient currently takes a massive amount of opioids, in excess of 500mg Morphine Equivalent Dose (MED) a day which exceeds maximum recommended dose of 120mg MED. Aggressive weaning is being recommended by UR. Provider has instead decided to slow weaning process for unknown reason. Provider's plan (or lack of one) fails MTUS guideline criteria. Documentation fails to support continued opioid therapy. Current substance abuse with massive opioid use has a high risk for side effects leading to death and disability. MSER is not medically necessary.

**MSER 100mg #30:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, criteria for use, Opioids for chronic pain, Opioids, cancer pain vs. nonmalignant pain, Opioids, dosing, Opioids, long-term assessment.

**Decision rationale:** MSER is morphine, an opioid. Patient has chronically been on an opioid pain medication. As per MTUS Chronic pain guidelines, documentation requires appropriate documentation of analgesia, activity of daily living, adverse events and aberrant behavior.

Documentation fails criteria. There is minimal benefit from current excessive opioid regiment. There continues to be multiple warnings concerning aberrant behavior. Multiple inconsistent urine drug screen is noted. Patient continues to abuse ethanol and recent UDS was positive for demerol that patient claims was mistakenly taken. Patient currently takes a massive amount of opioids, in excess of 500mg Morphine Equivalent Dose (MED) a day which exceeds maximum recommended dose of 120mg MED. Aggressive weaning is being recommended by UR. Provider has instead decided to slow weaning process for unknown reason. Provider's plan (or lack of one) fails MTUS guideline criteria. Documentation fails to support continued opioid therapy. Current substance abuse with massive opioid use has a high risk for side effects leading to death and disability. MSER is not medically necessary.

**Valium #90:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009. Decision based on Non-MTUS Citation Official Disability Guidelines, Benzodiazepines.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Benzodiazepines.

**Decision rationale:** Valium or diazepam is a benzodiazepine. As per MTUS Chronic pain guidelines is not recommended for long term use. There is strong risk of dependence and tolerance develops rapidly. It is unclear if Valium is being used for pain or anxiety or both. The poor documentation does not support continued use. Patient is noted to be on massive opioid dose daily and also abuses alcohol. Combination of all of these meds lead to very high risk of over-sedation and death. Diazepam is not medically necessary.