

<b>Case Number:</b>	CM15-0177844		
<b>Date Assigned:</b>	09/18/2015	<b>Date of Injury:</b>	10/23/2008
<b>Decision Date:</b>	11/09/2015	<b>UR Denial Date:</b>	08/14/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/09/2015

### 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: Physical Medicine & Rehabilitation, Pain Management

### CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This injured worker is a 48 year old male who reported an industrial injury on 10-23-2008. His diagnoses, and or impressions, were noted to include: unspecified closed fracture of pelvis; chronic pain syndrome; cervicgia; lumbago; post-traumatic stress disorder; and generalized anxiety disorder. Recent, and consistent, toxicology screening was noted on 5-18-2015; and recent magnetic imaging studies of the cervical spine were noted on 5-6-2015, noting some mild abnormal findings. His treatments were noted to include: psychological evaluation and treatment; acupuncture therapy; medication management with toxicology screenings; and rest from work - noted to be permanently and totally disabled. The progress notes of 7-30-2015 reported a re-check for "feeling a little more cloudy, and hard to find words"; of ongoing neck pain with intermittent central headaches and radiating pain with numbness and tingling in the bilateral deltoid regions; that since the increase in Cymbalta he had asked his wife, and caregiver, for less pain medication; left shoulder pain; extensive left wrist pain with use; ongoing central back pain, with intermittent lower extremity paresthesia, with activity; mood stability and some decrease in radicular symptoms since the increase in Cymbalta; and reported improvement in his overall psychological status with the Cymbalta. Objective findings were noted to include: relative paucity of speech; an elevated Zung and Beck Index; 50% in range-of-motion in all planes, with complaints of bilateral paresthesias with Spurling's maneuver in the deltoid region; absent biceps reflex with complaints of paresthesias in the bilateral deltoid region; a marked decrease in left wrist range-of-motion with diffuse tenderness at the radio-carpal joint; and marked loss of lumbar range-of-motion with multiple bilateral operative scars on the buttocks

and left groin; and that his medications afford him a marked decrease in pain with a marked increase in the ability for activities of daily living. The physician's requests for treatments were noted to include the continuation of his current medication regimen, with an increase in Cymbalta. Notes indicate that the patient has had no aberrant behavior regarding medication against a database queries have been consistent. The patient has a pain contract and states that the medication reduces pain from 10/10 to 7-6/10 as well as an increased ability to walk, sit, and stand due to medication effects. Urine drug screens have been consistent. The note indicates that alprazolam helps with anger outbursts. The patient is seeing a psychologist. The Request for Authorization, dated 8-10-2015, was noted to include Alprazolam 0.5 mg #30, Norco 10-325mg #60, a repeat urine tox #1, Trazadone 100 mg #30 with 1 refill, Morphine 15mg #90, Fortesa 10-0.5mg #60 with 1 refill. The Utilization Review of 8-14-2015 non-certified the request for Alprazolam 0.5 mg, #30, and Fortesa 10-0.5 mg, #60 with 1 refill; and modified the requests for Norco 10-325 mg #60, to #15, Morphine 15 mg #90, to #30, and a repeat urine toxicology screening.

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

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

**Alprazolam 0.5mg #30:** Overturned

**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): Benzodiazepines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Chronic Pain Chapter, Benzodiazepines.

**Decision rationale:** Regarding the request for Xanax (alprazolam), Chronic Pain Medical Treatment Guidelines state the 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 anxiolytic effects occurs within months and long-term use may actually increase anxiety. A more appropriate treatment for anxiety disorder is an antidepressant. Within the documentation available for review, it appears the patient has neuropsychological symptoms and is being treated by a psychologist. Additionally, notation indicates that the patient is using Cymbalta as well as Xanax to control the symptoms. The patient is noted to have had a recent anger outburst which was controlled with Xanax. As such, the Xanax appears to be helping the patient. It is acknowledged, that there should be better documentation indicating how the medications being used and what symptoms specifically is improving on a regular basis. Additionally, documents should indicate what other treatments for anxiety have been attempted such as cognitive behavioral therapy and/or SSRI medication. However, a one-month prescription, should allow the requesting physician time to better document those issues. As such, the currently requested Alprazolam is medically necessary.

**Norco 10/325mg #60:** Overturned

**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 (Classification), Opioids, California Controlled Substance Utilization Review and Evaluation System (CURES) [DWC], Opioids, criteria for use, Opioids for chronic pain, Opioids for neuropathic pain, Opioids for osteoarthritis, Opioids, cancer pain vs. nonmalignant pain, Opioids, dealing with misuse & addiction, Opioids, differentiation: dependence & addiction, Opioids, dosing, Opioids, indicators for addiction, Opioids, long-term assessment.

**Decision rationale:** Regarding the request for Norco, California Pain Medical Treatment Guidelines note that it is an opiate pain medication. Due to high abuse potential, close follow-up is recommended with documentation of analgesic effect, objective functional improvement, side effects, and discussion regarding any aberrant use. Guidelines go on to recommend discontinuing opioids if there is no documentation of improved function and pain. Within the documentation available for review, there is indication that the medication is improving the patient's function and pain with no intolerable side effects or aberrant use, and the patient is noted to undergo monitoring. In light of the above, the currently requested Norco is medically necessary.

**Repeat urine toxicology:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Criteria for Use of Urine Drug Testing.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids (Classification), Opioids, California Controlled Substance Utilization Review and Evaluation System (CURES) [DWC], Opioids, criteria for use, Opioids for chronic pain, Opioids for neuropathic pain, Opioids for osteoarthritis, Opioids, cancer pain vs. nonmalignant pain, Opioids, dealing with misuse & addiction, Opioids, differentiation: dependence & addiction, Opioids, dosing, Opioids, indicators for addiction, Opioids, long-term assessment. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Chronic Pain Chapter, Urine Drug Testing.

**Decision rationale:** Regarding the request for a repeat urine toxicology test (UDS), CA MTUS Chronic Pain Medical Treatment Guidelines state the drug testing is recommended as an option. Guidelines go on to recommend monitoring for the occurrence of any potentially aberrant (or nonadherent) drug related behaviors. ODG recommends urine drug testing on a yearly basis for low risk patients, 2-3 times a year for moderate risk patients, and possibly once per month for high risk patients. Within the documentation available for review, it appears the patient is taking controlled substance medication. The patient recently underwent a urine drug screen. There is no documentation of risk stratification to identify the medical necessity of drug screening at the proposed frequency. Additionally, there is no documentation that the physician is concerned about the patient misusing or abusing any controlled substances. In light of the above issues, the currently requested repeat urine toxicology test is not medically necessary.

**Morphine 15mg #90: Overturned**

**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 (Classification), Opioids, California Controlled Substance Utilization Review and Evaluation System (CURES) [DWC], Opioids, criteria for use, Opioids for chronic pain, Opioids for neuropathic pain, Opioids for osteoarthritis, Opioids, cancer pain vs. nonmalignant pain, Opioids, dealing with misuse & addiction, Opioids, differentiation: dependence & addiction, Opioids, dosing, Opioids, indicators for addiction, Opioids, long-term assessment.

**Decision rationale:** Regarding the request for Morphine, California Pain Medical Treatment Guidelines note that it is an opiate pain medication. Due to high abuse potential, close follow-up is recommended with documentation of analgesic effect, objective functional improvement, side effects, and discussion regarding any aberrant use. Guidelines go on to recommend discontinuing opioids if there is no documentation of improved function and pain. Within the documentation available for review, there is indication that the medication is improving the patient's function and pain with no intolerable side effects or aberrant use, and the patient is noted to undergo monitoring. In light of the above, the currently requested Morphine is medically necessary.

**Fortesa 10/0.5mg #60 with 1 refill: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

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

**Decision rationale:** Regarding the request for Fortesa replacement, Chronic Pain Medical Treatment Guidelines state that testosterone replacement is recommended for patients taking high dose long-term opioids with documented low testosterone levels. Guidelines go on to state that routine testing of testosterone levels in men taking opioids is not recommended; however, an endocrine evaluation and/or testosterone levels should be considered in men who are taking long-term, high-dose oral opioids or intrathecal opioids and who exhibit symptoms or signs of hypogonadism. Due to risk of hepatoma, guidelines recommend that a physician with special knowledge in the field should do testosterone replacement. An article in the Journal of Advanced Pharmacologic Technology states that there are numerous causes of hypogonadism. They go on to indicate that a thorough history and physical is indicated in an attempt to identify the underlying etiology of hypogonadism. Within the documentation available for review, there is no documentation of signs/symptoms of low testosterone. Additionally, there is no documentation of a thorough history and physical examination directed towards the patient's endocrine function. Furthermore, there is no indication that the physician prescribing the

testosterone replacement has special knowledge in the field, as recommended by guidelines. In the absence of such documentation, the currently requested Fortesa is not medically necessary.