

<b>Case Number:</b>	CM15-0096032		
<b>Date Assigned:</b>	05/26/2015	<b>Date of Injury:</b>	02/10/2009
<b>Decision Date:</b>	07/01/2015	<b>UR Denial Date:</b>	05/13/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/19/2015

### 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: 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 was a 60-year-old female, who sustained an industrial injury, February 10, 2009. The injured worker previously received the following treatments abdominal CT scan, Pelvis CT scan, pain management agreement, random toxicology laboratory studies negative for any unexpected findings, pain specialist. The injured worker was diagnosed with depressive disorder; failed back surgery syndrome and right lower leg chronic radiculitis inflammatory neuropathy, lumbar post laminectomy syndrome, thoracic or lumbosacral neuritis or radiculitis and status post previous right inguinal hemorrhoidectomy surgery with repair. According to progress note of April 27, 2015, the injured workers chief complaint was constant right groin, inner thigh and genitalia pain with positive e response to GFN blocks and neurolytic nerve phenol injections. The nerve blocks with phenol lasted much longer. The pain mediation would reduce the groin pain from 10 out of 10 by 30 percent. The physical exam noted tenderness over the right lateral pubic bone, reproducing pain going into the inner thigh and the right side of the vagina. This was the location of the genitofemoral nerve to course over the pubic bone. According to the progress note of April 8, 2015, the injured worker did not like to take Xanax, but was not able to function without it. The injured worker was tried on Effexor and suffered a seizure. The treatment plan included prescriptions for Opana ER, Percocet, Xanax, Soma and 1 urine toxicology screening.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Opana ER 40mg #60: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74 - 82.

**Decision rationale:** MTUS recommends that ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects must be documented with the use of Opioids. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. Guidelines recommend using key factors such as pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant (or non-adherent) drug-related behaviors, to monitor chronic pain patients on opioids. Assessment for the likelihood that the patient could be weaned from opioids is recommended if there is no overall improvement in pain or function, unless there are extenuating circumstances and if there is continuing pain with the evidence of intolerable adverse effects. The injured worker complains of chronic post laminectomy low back pain. Documentation fails to demonstrate adequate improvement in level of function or quality of life, to support the medical necessity for continued use of opioids. In the absence of significant response to treatment, the request for Opana ER 40mg #60 is not medically necessary.

**Percocet 10/325 mg #240: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74 - 82.

**Decision rationale:** MTUS recommends that ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects must be documented with the use of Opioids. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. Guidelines recommend using key factors such as pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant (or non-adherent) drug-related behaviors, to monitor chronic pain patients on opioids. Assessment for the likelihood that the patient could be weaned from opioids is recommended if there is no overall improvement in pain or function, unless there are extenuating circumstances and if there is continuing pain with the evidence of intolerable adverse effects. The injured worker complains of chronic post laminectomy low back pain. Documentation fails to demonstrate adequate improvement in level of function or quality of life, to support the medical necessity for continued use of opioids. In the absence of significant response to treatment, the request for Percocet 10/325 mg #240 is not medically necessary.

**Xanax 1 mg #90:** 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 rationale:** Per MTUS, Benzodiazepines are not recommended for long-term use because long-term efficacy is unproven and there is a risk of dependence. Their use should be limited to 4 weeks. Documentation reveals that the injured worker has been prescribed Xanax for a longer duration of time with no significant improvement in function. The request for Xanax 1 mg #90 is not medically necessary by MTUS.

**Xanax 2 mg #30:** 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 rationale:** Per MTUS, Benzodiazepines are not recommended for long-term use because long-term efficacy is unproven and there is a risk of dependence. Their use should be limited to 4 weeks. Documentation reveals that the injured worker has been prescribed Xanax for a longer duration of time with no significant improvement in function. The request for Xanax 2 mg #30 is not medically necessary by MTUS.

**Soma 350 mg #120:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain) Page(s): 63.

**Decision rationale:** MTUS states muscle relaxants should be used with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic LBP. Furthermore, in most cases of low back pain, they show no benefit beyond NSAIDs in pain and overall improvement. Efficacy appears to diminish over time, and prolonged use of some medications in this class may lead to dependence. The injured worker's diagnoses include chronic post laminectomy low back pain. Documentation fails to indicate acute exacerbation or significant improvement in pain or functional status to justify continued use of Soma. The request for Soma 350 mg #120 is not medically necessary by MTUS.

**Urine drug screen:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), pain chronic, urine drug testing.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, differentiation: dependence & addiction Page(s): 85. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Opioids, Urine drug tests.

**Decision rationale:** MTUS recommends screening patients to differentiate between dependence and addiction to opioids. Frequency of urine drug testing should be based on documented evidence of risk stratification. Patients at "low risk" of addiction/aberrant behavior should be tested within six months of initiation of therapy and on a yearly basis thereafter. Random collection is recommended. Quantitative urine drug testing is not recommended for verifying compliance without evidence of necessity. Documentation fails to support that the injured worker is at high risk of addiction or aberrant behavior and there is evidence of recent urine drug screening. Per guidelines, the injured worker should be tested yearly thereafter. The medical necessity for more frequent urine drug testing has not been established. With guidelines not being met, the request for Urine drug screen is not medically necessary.