

<b>Case Number:</b>	CM14-0147057		
<b>Date Assigned:</b>	09/15/2014	<b>Date of Injury:</b>	07/24/2009
<b>Decision Date:</b>	10/21/2014	<b>UR Denial Date:</b>	09/03/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/10/2014

### 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. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation and Pain Medicine, and is licensed to practice in Texas and Oklahoma. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### 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 59-year-old male who reported an injury on 07/24/2009. The mechanism of injury was not submitted for clinical review. The diagnoses included abdominal hernia, anxiety, groin pain, and scrotal pain. The previous treatments included medication and surgery. In the clinical note dated 04/01/2014, it was reported the injured worker complained of hernia pain. He also complained of abdominal pain rated 10/10 in severity. Upon the physical examination, the provider noted the injured worker had hernia pain. The provider indicated the injured worker was unable to work due to severe left groin pain. The request submitted is for alprazolam, Butrans, oxycodone, and OxyContin. However, a rationale was not submitted for clinical review. The Request for Authorization was submitted and dated on 04/14/2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**ALPRAZOLAM 0.5MG #60 (30 DS): Upheld**

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

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

**Decision rationale:** The request for alprazolam 0.5 mg #60 (30 DS) is not medically necessary. The California MTUS Guidelines do not recommend alprazolam for long term use due to the long term efficacy being unproven and there is risk of dependence. The guidelines also recommend the limited use of alprazolam to 4 weeks. The injured worker has been utilizing the medication since at least 04/2014, which exceeds the guidelines recommendation of short term use of 4 weeks. There is lack of documentation indicating the efficacy of the medication as evidenced by significant functional improvement. The request submitted failed to provide the frequency of the medication. Therefore, the request is not medically necessary.

**BUTRANS 15MCG/HR #4 (28DS): Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Buprenorphine Page(s): 26-27.

**Decision rationale:** The request for Butrans 15 mcg per hour #4 (28 DS) is not medically necessary. The California MTUS Guidelines recommend buprenorphine, also known as Butrans patch for the treatment of opioid addiction. It is also recommended as an option for chronic pain, especially after detoxification in patients who have a history of opioid addiction. The guidelines recommend the medication when used for opioid dependence. There is lack of documentation indicating the efficacy of the medication as evidenced by significant functional improvement. The request submitted failed to provide the frequency of the medication. Additionally, there is clinical documentation indicating the injured worker is treated for opioid dependence. Therefore, the request is not medically necessary.

**OXYCODONE/APAP 10/325MG #180 (15 DS): Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use, On-Going Management Page(s): 78.

**Decision rationale:** The request for oxycodone/APAP 10/325 mg #180 (15DS) is not medically necessary. The California MTUS Guidelines recommend ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. The guidelines recommend the use of a urine drug screen or inpatient treatment with issues of abuse, addiction, or poor pain control. The provider failed to document an adequate and complete pain assessment within the documentation. There is lack of clinical documentation indicating the efficacy of the medication as evidenced by significant functional improvement. The request submitted failed to provide the frequency of the medication. Additionally, the use of a urine drug screen was not subsequent for clinical review. Therefore, the request is not medically necessary.

**OXYCONTIN 10MG AS PRESCRIBED: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use, On-Going Management Page(s): 78.

**Decision rationale:** The request for OxyContin 10 mg as prescribed is not medically necessary. The California MTUS Guidelines recommend ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. The guidelines recommend the use of a urine drug screen or inpatient treatment with issues of abuse, addition, or poor pain control. The provider failed to document an adequate and complete pain assessment within the documentation. There is lack of clinical documentation indicating the efficacy of the medication as evidenced by significant functional improvement. The request submitted failed to provide the frequency of the medication. Additionally, the use of a urine drug screen was not subsequent for clinical review. Therefore, the request is not medically necessary.