

<b>Case Number:</b>	CM13-0017880		
<b>Date Assigned:</b>	10/11/2013	<b>Date of Injury:</b>	09/21/2000
<b>Decision Date:</b>	08/04/2014	<b>UR Denial Date:</b>	08/22/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/28/2013

### 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 Internal Medicine, has a subspecialty in Rheumatology and is licensed to practice in Maryland 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:

This patient is a 44 year old male with date of injury 9/21/2000. The mechanism of injury is not stated in the available medical records. The patient has complained of neck pain and lower back pain since the date of injury. He has been treated with physical therapy and medications. There is no radiographic data included for review. Objective findings include: cervical spine pain with range of motion, cervical spine paraspinous musculature tenderness with palpation, painful lumbar spine range of motion, tenderness to palpation of the lumbar spine paraspinous musculature bilaterally. He has diagnoses of lumbosacral spondylosis, and cervical spine degenerative joint disease. The treatment plan and request is for Diazepam, ECG testing, Methadone, Percocet, and Soma.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**DIAZEPAM 10MG #30:** 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:** This 44 year old male has complained of chronic neck and back pain since date of injury 9/21/2000. He has been treated with physical therapy and medications to include Diazepam since at least 1/2013. Per the Chronic Pain Guidelines, Benzodiazepines are not recommended for long term use (no greater than 4 weeks) because the long term efficacy of these medications is unproven. Use of Benzodiazepines has far exceeded the recommended period of use in this patient. As such, the request is not medically necessary.

**ECG TESTING:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 61-62.

**Decision rationale:** Chronic Pain Guidelines state there is no recommendation for ECG testing for screening a patient that is taking Methadone. There is also no documentation of whether a prior ECG was performed and no documentation in any provider notes of a cardiovascular examination. On the basis of the available documentation and per the guidelines cited above, the request is not medically necessary.

**METHADONE 10MG #336:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 61-62.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Methadone Page(s): 61-62.

**Decision rationale:** Methadone is indicated as a second line agent for moderate to severe pain if the potential benefit outweighs the risks of this medication. There is no documentation in the available medical records of discussion of the risk to benefit ratio of use of Methadone in this patient nor is there documentation of functional benefit obtained from use of this medication. On the basis of this lack of documentation and per the guidelines cited above, the request is not medically necessary.

**PERCOCOET 10/325MG #168:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 80.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use; Page(s): pages 76-85, 88-89.

**Decision rationale:** No treating physician reports adequately assess the patient with respect to function, specific benefit, return to work, signs of abuse or treatment alternatives other than

opiods. There is no evidence that the treating physician is prescribing opiods according to the Chronic Pain Guidelines, which recommends prescribing according to function, with specific functional goals, return to work, random drug testing, opiod contract and documentation of failure of prior non-opiod therapy. On the basis of this lack of documentation and failure to adhere to the guidelines, the request is not medically necessary.

**SOMA 360MG #30:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines  
Page(s): 29.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Soma  
Page(s): 29.

**Decision rationale:** Soma is not recommended, and if used, should be used only on a short term basis (4 weeks or less). Use of Soma in this patient has exceeded the recommended time period for use. Therefore, the request is not medically necessary.