

<b>Case Number:</b>	CM13-0062047		
<b>Date Assigned:</b>	12/30/2013	<b>Date of Injury:</b>	03/29/2000
<b>Decision Date:</b>	04/03/2014	<b>UR Denial Date:</b>	11/20/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/06/2013

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Internal Medicine , has a subspecialty in Pulmonary Diseases and is licensed to practice in California. 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 physician 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 patient is a 48-year-old female who reported an injury on 03/29/2000. The mechanism of injury was not provided. The note dated 11/20/2013 indicated the patient reported she was doing okay, she continued to struggle with her back pain, and was barely functional. The patient reported that she stayed in bed most of the time; she had weakness in her legs, and was unable to walk beyond 50 feet without needing to sit down. The patient reported she had to self extract her stool and that she was unable to have bowel movements due to her nerve damage. It was noted the patient was fatigue appearing and was slightly uncomfortable, although more comfortable than prior visits. It was noted the patient have very severe low back pain with marked cervical dysfunction and nerve damage well known. The patient was on polypharmacy and typically it was quite challenging to deal with, although her medications had been stable for months. The note written 01/07/2014 indicated the patient had been on Methadone, Diazepam, Soma, and Oxycodone for 8 years. It is noted the patient was completely non-functional without the medications. It was noted the patient would continue to be on her combination of medications. It is noted the patient suffers severe injury to her spine and has permanent nerve damage requiring manual removal of fecal material for the rectum (not constipation).

### IMR ISSUES, DECISIONS AND RATIONALES

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

**The request for 1 prescription of Methadone #120: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Section Methadone & On-Going Management, Page(s): 61& 78.

**Decision rationale:** The request for one prescription of methadone #120 is non-certified. The California MTUS states that methadone is recommended as a second line drug for moderate to severe pain if the potential benefit outweighs the risk. In addition, the California MTUS states 4 domains have been proposed as most relevant for ongoing monitoring of chronic pain patients on Opioids: Pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant (or non-adherent) drug-related behaviors. The records provided for review failed to include documentation of a first line drug that had been used for pain relief. In addition, the records submitted for review failed to include documentation of measurable pain relief, the occurrence or non-occurrence of side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant or non-adherent drug related behaviors. As such, the request for one prescription of methadone #120 is not supported. Therefore, the request is non-certified.

**The request for 1 prescription of Diazepam 5mg #120:** Upheld

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

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

**Decision rationale:** The request for one prescription of Diazepam 5 mg #120 is non-certified. The Chronic Pain Medical Treatment Guidelines states that Benzodiazepines are not recommended for long-term use because long-term efficacy is unproven and there is a risk of dependence. Most guidelines limit the use to 4 weeks. The records submitted for review indicate that the patient had been on this medication for 8 years. The Chronic Pain Medical Treatment Guidelines does not recommend a long-term use and states it should be limited to 4 weeks. The records submitted for review failed to show documentation of attempt to wean the patient from the medication. As such, the request for one prescription of Diazepam 5 mg #120 is not supported. Therefore, the request is non-certified.

**The request for 1 prescription of Soma #120:** Upheld

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

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

**Decision rationale:** The request for one prescription of Soma #120 is non-certified. The Chronic Pain Medical Treatment Guidelines states that Soma is not recommended and this medication is not indicated for long-term use. The records submitted for review indicated the patient had been on Soma for 8 years. The records submitted for review failed to include documentation of attempt to wean. As such, the request for 1 prescription of Soma #120 is not supported. Therefore, the request is non-certified.

**The request for 1 prescription of Oxycodone 15mg #90:** Upheld

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

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

**Decision rationale:** The request for one prescription of Oxycodone 15 mg #90 is non-certified. The Chronic Pain Medical Treatment Guidelines states that 4 domains have been proposed as most relevant for ongoing monitoring of chronic pain patients on Opioids: Pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant (or non-adherent) drug-related behaviors. The records submitted for review failed to include documentation of measurable pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant (or non-adherent) drug-related behaviors. As such, the request for one prescription of Oxycodone 15 mg #90 is not supported. Therefore, the request is non-certified.