

<b>Case Number:</b>	CM13-0067543		
<b>Date Assigned:</b>	01/03/2014	<b>Date of Injury:</b>	07/06/2004
<b>Decision Date:</b>	07/08/2014	<b>UR Denial Date:</b>	12/17/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/18/2013

### 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 Physical Medicine and rehabilitation, and is licensed to practice in Illinois. 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 55-year-old female who reported an injury on July 6, 2004. The mechanism of injury was not provided within the submitted medical records. Within the clinical note dated December 9, 2013, it was revealed that the injured worker complained of ongoing pain in the lower back, but stated after undergoing a recent nerve block the pain was significantly reduced by 65%, and she was able to ambulate with less difficulty, with better sleep, and had been able to perform her activities of daily living. The physical exam revealed localized tenderness and spasms diffusely throughout the lumbosacral spine with range of motion around 80% of normal. The injured worker's diagnoses include spondylolisthesis status post fusion and sciatica with L3-4 radiculopathy. The medication list included methadone 5 mg for chronic pain, Norco 10/325 for pain, Zanaflex 4 mg for muscle relaxation and spasms, and Restoril 15 mg for sleepiness, and should be noted that these were continuations of medication and not new prescriptions. The request for authorization was dated December 10, 2013 for pain relief.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**METHADONE 5MG QTY 45:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids  
Page(s): 78.

**Decision rationale:** The Chronic Pain Medical Treatment Guidelines recommend methadone as a second-line drug for moderate to severe pain if the potential benefits outweigh the risks. The guidelines further outline criteria for prescribing methadone and are noted to include weighing the risks and benefits before prescribing the methadone. Within the documentation it was not noted how this medication is benefitting the patient when compared to the risks involved in utilizing the medication. Additionally, the submitted documentation does not assess the patient's pain levels while taking the medication and without taking the medication, to call into question the efficacy of the medication and the medical necessity of it. Without further documentation of the physician revealing the benefits versus the risks of taking the medication, and further documentation of pain assessments to show the efficacy of the drug, the request at this time, cannot be supported by the guidelines. The request for Methadone 5 mg, sixty count, is not medically necessary or appropriate.

**RESTORIL 15MG:** 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 Chronic Pain Medical Treatment Guidelines do not recommend benzodiazepines for long-term usage because the long-term efficacy is unproven and there is a risk of dependence. Most guidelines limit use to four weeks. Within the submitted documentation, it is noted that the injured worker has utilized the medication for a prolonged period of time that exceeds the guidelines' recommendations. In addition, the injured worker reported increased sleeping due to the injections and has not mentioned that the efficacy of the medication was as a direct result of increased sleeping. Without documentation to show extenuating circumstances for the medical necessity to extend the injured worker's utilization of this medication, it cannot be supported by the guidelines at this time. The request for Restoril 15 mg is not medically necessary or appropriate.

**ZANAFLEX40MG:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants (For Pain) Page(s): 63-67.

**Decision rationale:** The Chronic Pain Medical Treatment Guidelines recommend muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic low back pain. It was also noted that the guidelines state that in most low back pain cases, muscle relaxants showed no benefit beyond NSAIDs (non-steroidal anti-inflammatory drugs) in pain and overall improvement, and efficacy appears to diminish over

time with prolonged use of some medications in this class. The injured worker has documentation of prolonged use of this medication and within the physical exam reported no findings of muscle spasticity that is shown to be as a direct result of utilizing this medication. Without documentation of extenuating circumstances that would necessitate utilization of this medication outside of the guidelines' recommendations, and for the documentation of significant improvement in symptoms as a direct result of using the medication, the request cannot be supported by the guidelines at this time. The request for Zanaflex 40 mg is not medically necessary or appropriate.