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| <b>Case Number:</b>   | CM13-0069850 |                              |            |
| <b>Date Assigned:</b> | 01/03/2014   | <b>Date of Injury:</b>       | 01/31/1995 |
| <b>Decision Date:</b> | 04/28/2014   | <b>UR Denial Date:</b>       | 11/26/2013 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 12/23/2013 |

### 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, 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 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 patient is a 56-year-old male who reported an injury on 1/31/95. The mechanism of injury was not submitted. The patient was diagnosed with failed back surgery syndrome, lumbar radiculopathy, degenerative joint disease of the ankle, lumbar facet arthropathy, and a right Morton's neuroma. The patient complained of lumbosacral pain and right ankle pain. The patient reported that the pain was partially relieved with medication. The patient's medications included Chlordiazepoxide HCL 25mg 4 times a day as needed, methadone HCL 10mg at 2-3 tablets 3 times a day, Clonidine HCL 0.1mg twice a day, Lunesta 3mg at bedtime, Xanax 0.5mg 4 times a day as needed, Adderall 15mg at 2-3 tablets a day, Dilaudid 8 mg at 4-5 tablets every 4 hours as needed, Soma 350mg every 4-6 hours as needed with a maximum of 5 a day, Opana ER 40mg at 6 tablets 3 times a day, Prozac 20mg once a day, Ditropan XL 10mg at 1 tablet at bedtime and 1 tablet in the morning, and Zofran ODT 8mg as needed. The physical examination of the lumbar spine revealed active range of motion with forward flexion of 65 degrees, hyperextension of 25 degrees and bilateral lateral bending of 25 degrees.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**60 CLONIDINE 0.1MG:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Drugs.com

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines

**Decision rationale:** The California MTUS/ACOEM guidelines do not address the request. The Official Disability Guidelines recommend Clonidine as a second-line treatment for hypertension. The patient complained of pain; however, the clinical documentation submitted for review does not show that the patient has any cardiovascular issues. Also, the documentation does not show a trial of a first-line treatment for hypertension. Given the lack of documentation to support the guideline criteria, the request is non-certified.

**56 CHLORDIAZEPOXIDE 25MG:** Upheld

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

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

**Decision rationale:** The California MTUS states that benzodiazepines are not recommended for long-term use because long-term efficacy is unproven, and there is a risk of dependence. The guidelines also state that most guidelines limit use to four weeks. The patient complained of pain; however, the documentation submitted for review does not show how long the patient has been using Chlordiazepoxide. Also, the guidelines do not recommend benzodiazepines. Given the lack of documentation to support the guideline criteria, the request is non-certified.

**270 METHADONE 10MG:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 76-80.

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

**Decision rationale:** 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. The patient complained of pain; however, the daily dosage of methadone, in addition to the daily dose of Dilaudid and Opana, is a total daily morphine equivalent dose of 1960. The guidelines recommend a daily morphine equivalent dose of 120. Given this, the request is non-certified.