

<b>Case Number:</b>	CM14-0112635		
<b>Date Assigned:</b>	08/01/2014	<b>Date of Injury:</b>	03/28/2002
<b>Decision Date:</b>	10/10/2014	<b>UR Denial Date:</b>	06/17/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/18/2014

### 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 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 injured worker is a 60 year old female injured on 03/29/02 while performing repetitive heavy lifting of approximately 100 boxes weighing 40-60 pounds. The injured worker reported experiencing palpitations and fatigue with resolution of symptoms with rest; however, reported 2 more episodes of palpitations during and immediately following heavy lifting activities. The injured worker reported a 4th episode of palpitations following return home from work. The injured worker reported each episode of palpitations lasted approximately 10-15 minutes. The injured worker underwent cardiac evaluation at which time it was determined she had a cardiac arrhythmia and was treated with Metoprolol. The injured worker continued to experience intermittent palpitations. The injured worker eventually left work due to low back injury. Clinical note dated 06/10/14 indicated the injured worker presented for routine evaluation for chronic low back pain. Documentation indicated the injured worker was stable and within prescribing guidelines reporting use of medications improved quality of life and increased overall daily functionality. The injured worker had been able to go about routine daily activities as a result of using medications; without medications the injured worker unable to do more than lie around. The injured worker complained of extremity weakness, gait disturbance, back pain, joint pain, and neck pain. Physical examination revealed antalgic gait with the use of a walker, tenderness to the lumbar spine, mildly reduced cervical range of motion, moderately restricted lumbar spine range of motion, sensation within normal limits, and deep tendon reflexes within normal limits. Medications included Mirapex 0.5mg 1-2 tablets PO QHS, Methadone 10mg 1-2 tablets every 6 hours and Lyrica 100mg TID. The request for EKG due to chronic Methadone treatment and refill of medications was initially non-certified on 06/16/14.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**EKG: Overturned**

**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 Methadone Page(s): 61.

**Decision rationale:** As noted in the Chronic Pain Medical Treatment Guidelines, Methadone can cause QT prolongation with resultant serious arrhythmia. The injured worker has a documented cardiac arrhythmia and routine evaluation should be performed while Methadone treatment is ongoing. As such, the request for EKG is recommended as medically necessary.

**Mirapex 0.5mg unknown quantity: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee & Leg (Acute & Chronic)

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) <Insert Section (for example Knee)>, Restless legs syndrome (RLS)

**Decision rationale:** As noted in the Official Disability Guidelines - Online version, dopamine agonists such as Mirapex (pramipexole) are not considered first-line treatment and should be reserved for patients who have been unresponsive to other treatment. There is no indication in the documentation the injured worker has been diagnosed with Restless Leg Syndrome. Additionally, the quantity, frequency, and number of refills were not provided. As such, the request for Mirapex 0.5mg unknown quantity cannot be recommended as medically necessary.

**Methadone 10mg unknown quantity: Overturned**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids (Direct Morphine-Methadone Conversion). Decision based on Non-MTUS Citation Fisch and Cleeland. Managing Cancer Pain in Skeel ed. Handbook of Cancer Chemotherapy. 6th ed., Phil, Lippincott, 2003, p 663

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for Use of Opioids Page(s): 77.

**Decision rationale:** As noted in the Chronic Pain Medical Treatment Guidelines, patients must demonstrate functional improvement in addition to appropriate documentation of ongoing pain relief to warrant the continued use of narcotic medications. There is sufficient documentation regarding the functional benefits and functional improvement obtained with the continued use of

narcotic medications. Clinical documentation indicated intent to prescribe Methadone 10mg 1-2 tablets every 6 hours. As the clinical documentation provided for review supports an appropriate evaluation for the continued use of narcotics as well as establishes the efficacy of narcotics, Methadone 10mg is recommended as medically necessary.

**Lyrica 100mg unknown quantity:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (Chronic)

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Pregabalin (Lyrica) Page(s): 99.

**Decision rationale:** As noted on page 99 of the Chronic Pain Medical Treatment Guidelines, Pregabalin (Lyrica) has been documented to be effective in treatment of diabetic neuropathy, postherpetic neuralgia, and is considered first-line treatment for both. Pregabalin was also approved to treat fibromyalgia. There is no indication in the documentation that the injured worker has been diagnosed with fibromyalgia or has objective findings consistent with neuropathic pain. However, abrupt cessation of Lyrica can be potentially harmful to the injured worker. Weaning is recommended. As such, the request for Lyrica 100mg unknown quantity is not recommended as medically necessary.