

<b>Case Number:</b>	CM14-0123396		
<b>Date Assigned:</b>	08/08/2014	<b>Date of Injury:</b>	06/13/1997
<b>Decision Date:</b>	10/03/2014	<b>UR Denial Date:</b>	07/11/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/04/2014

### 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 Physical Medicine & Rehabilitation, has a subspecialty in Pain Medicine and is licensed to practice in Texas and Oklahoma. 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 49-year-old female who reported an injury on 06/13/1997. The mechanism of injury was not provided. On 06/27/2012, the injured worker presented with diagnoses of lumbago and degenerative lumbar or lumbosacral intervertebral disc. A current physical examination was not provided. An MRI dated 11/09/2012 of the lumbar spine revealed severe scoliosis that limited evaluation, diffuse degenerative changes, and central spinal stenosis. The provider recommended methadone 10 mg with a quantity of 180 and Ambien 10 mg with a quantity of 30. The provider's rationale was not provided. The Request for Authorization form was not included the medical documents for review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Methadone 10mg, Qty: 180.00:** Upheld

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

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

**Decision rationale:** The California MTUS Guidelines recommend methadone as a second line drug for moderate to severe pain if the potential benefit outweighs the risk. The FDA reports

that they have received reports of severe morbidity and mortality with this medication. There was a lack of documentation indicating an updated physical examination of the injured worker in the medical documents provided. Additionally, based on the current available information, the medical necessity for this medication has not been established. Therefore, the request for Methadone 10 mg with a quantity of 180 is not medically necessary.

**Ambien 10mg, Qty: 30.00:** Upheld

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

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

**Decision rationale:** The Official Disability Guidelines state that Ambien is a prescription short acting nonbenzodiazepine hypnotic which is approved the short term (usually 2 to 6 weeks) of insomnia. They can be habit forming and may impair function and memory more than opioid pain relievers. There is also concern that they may increase pain and depression over the long term. There was a lack of documentation indicating the injured worker had a diagnosis or signs and symptoms of insomnia. The efficacy of the prior use of Ambien was not provided. Additionally, the provider's request does not indicate the frequency of the medication in the request as submitted. As such, the medical necessity has not been established. The request for Ambien 10 mg with a quantity of 30 is not medically necessary.