

<b>Case Number:</b>	CM14-0126157		
<b>Date Assigned:</b>	08/13/2014	<b>Date of Injury:</b>	09/21/1998
<b>Decision Date:</b>	11/05/2014	<b>UR Denial Date:</b>	07/30/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/08/2014

### 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 Anesthesiology, has a subspecialty in Pain Medicine and is licensed to practice in Florida. 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 65-year-old female who reported an injury on 09/21/1998. The mechanism of injury was not submitted for review. The injured worker has a diagnosis of disc displacement not otherwise specified. Past medical treatment consists of physical therapy and medication therapy. Medications consist of methadone, Norco, Lyrica, Xanax, Adderall, Celebrex, and Terocin lotion. A urine drug screen was submitted on 09/17/2014, showing that the injured worker was consistent with prescription medications. On 10/09/2014, the injured worker complained of lower back pain. Physical examination revealed a lumbar flexion of 40 degrees which caused bilateral leg pain in the thighs. Lumbar extension was 20 degrees and caused lower back pain as well. Psychological testing score was 12/30, demonstrating mild reactive depression. Left lower extremity showed normal strength, right lower extremity 5-weakness in the quads and tibialis anterior. Neurological testing of the bilateral patellar reflexes were 3, Achilles reflexes were 2. Straight leg raising at 90 degrees on the right in the sitting position demonstrated muscle tightness but no pain. Straight leg raise on the left in sitting position at 80 degrees caused calf and shin pain. The medical treatment plan is for the injured worker to continue the use of medications. The rationale and Request for Authorization form were not submitted for review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Xanax 0.5mg:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines

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

**Decision rationale:** The request for Xanax 0.5mg is not medically necessary. The California MTUS Guidelines do not recommend the use of benzodiazepines 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 submitted documentation dated 07/17/2014 indicates that the injured worker had been taking Xanax since at least this time, exceeding the guideline recommendations for short term therapy. There was also lack of efficacy of the medication documented to support the continued use of the medication. Additionally, the request as submitted did not indicate a frequency or duration of the medication. Given the above, the injured worker is not within MTUS recommended guidelines. As such, the request is not medically necessary.

**Methadone 10mg:** Upheld

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

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

**Decision rationale:** The request for Methadone 10 mg is not medically necessary. The California MTUS Guidelines recommend methadone as a second line drug for moderate to severe pain. The potential benefits outweigh the risks. The FDA reports that they have received reports of severe morbidity and mortality with this medication. This appears, in part, secondary to the long half-life of the drug. Pain relief, on the other hand, only lasts for 4 to 8 hours. Methadone should only be prescribed by providers experienced in using it. The submitted documentation lacked any pertinent evidence as to physical objective findings that would warrant the use of the medication. Additionally, the provider did not submit a rationale as to how he felt the medication would help with any functional deficits. Furthermore, it was not indicated in the submitted documentation that the injured worker had tried and failed any first line conservative treatment. Given the above, the injured worker is not within MTUS recommended guidelines. As such, the request is not medically necessary.