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| <b>Case Number:</b>   | CM14-0036303 |                              |            |
| <b>Date Assigned:</b> | 06/25/2014   | <b>Date of Injury:</b>       | 08/04/1981 |
| <b>Decision Date:</b> | 08/18/2014   | <b>UR Denial Date:</b>       | 03/18/2014 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 03/25/2014 |

### 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 and Rehabilitation and is licensed to practice in Nevada. 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 an 84-year-old male who was reportedly injured on August 4, 1981. The mechanism of injury was not listed in these records reviewed. The most recent progress note dated December 10, 2013, indicated that there were complaints of low back pain and bilateral shoulder pain. The injured employee's average pain score was rated at 3/10. The injured employee was stated to have a history of sedative/hypnotic dependence, shoulder pain, and lumbar spine post laminectomy syndrome. Current medications include diazepam, methadone, and trazodone. Current methadone dosage was stated to be 10 mg two tablets, three times per day. The physical examination demonstrated an antalgic gait with the use of a walker and a right sided ankle-foot orthotic brace. Diagnostic imaging studies were not presented for review. Additional physical therapy was recommended. A request had been made for diazepam and methadone and was not certified in the pre-authorization process on February 8, 2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Diazepam 5 mg #30 with 1 refill:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): : 24,61, and 62. Decision based on Non-MTUS Citation Official Disability Guidelines.

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

**Decision rationale:** Diazepam is a benzodiazepine indicated for treatment of anxiety disorders, panic disorders, and as a second line agent for muscle spasms. It is unclear why this request is for diazepam for the treatment of insomnia. It is additionally unclear why there is a request for the injured employee is already taking trazodone for insomnia. For these multiple reasons, this request for diazepam is not medically necessary.

**Methadone 10 mg #180 with 1 refill:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Clinical Pharmacology, 2008.

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

**Decision rationale:** Methadone is an opioid medication indicated as a second line agent for moderate to severe pain. Currently, this medication is only FDA approved for detoxification or maintenance of narcotic addiction. While the most recent progress note, dated December 10, 2013, stated there was a history of addiction, it was not indicated that there is a current concern or that the injured employee is currently being treated for this. Additionally, the injured employee's current morphine equivalent dosage of this medication is 600 mg which far exceeds the 120 mg maximum daily recommendation. Furthermore, the injured employee rates his average daily pain at 3/10, which is certainly not in the moderate to severe range. For these multiple reasons, this request for methadone 10 mg two tablets, three times per day is not medically necessary.