

<b>Case Number:</b>	CM14-0038796		
<b>Date Assigned:</b>	06/27/2014	<b>Date of Injury:</b>	02/15/1996
<b>Decision Date:</b>	08/14/2014	<b>UR Denial Date:</b>	03/19/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/02/2014

### 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, has a subspecialty in Pain Management 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:

This is a female patient with a date of injury of February 15, 1996. A utilization review determination dated March 19, 2014 recommends not medically necessary of methadone 5 mg and Cyclobenzaprine 7.5 mg. A progress note dated February 15, 2014 identifies chronic right upper extremity pain secondary to complex regional pain syndrome, low back pain, depression, anxiety, and psychosocial dysfunction. The patient reports a constant migraine located on the left frontal lobe associated with photophobia nausea associated with the patient breaking her glasses. The patient reports a pain level of 10/10 with medications, increase stabbing and burning mid back pain, aggravated back pain with movement. It is reported that the medications utilized are beneficial and improve function without adverse effects. Physical examination identifies that the patient ambulates with a one point cane. The treatment plan recommends refills for Cyclobenzaprine 7.5 mg #90, methadone 5 mg #165, Zantac 150 mg #60, doxepin 3.3% cream 60 g #1, sumatriptan 25 mg #9, and gabapentin 600 mg #60. The treatment plan also recommends a follow-up with neurologist [REDACTED], requests for a thoracic MRI, and continuation of CBT. A utilization review treatment appeal letter dated March 31, 2014 identifies that the patient would not be able to get out of bed without methadone, and Flexeril helps with severe muscle spasms that are present daily in her lower extremity. There is a statement that the patient's medications allow her to function and provides at least 50% relief. There is documentation that a urine drug screen performed on March 3, 2014 and on July 25, 2013 was consistent with the currently prescribed medications.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**methadone 5mg:** Upheld

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

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

**Decision rationale:** Regarding the request for methadone 5mg, Chronic Pain Medical Treatment Guidelines state methadone is recommended as a second-line drug for moderate to severe pain if the potential benefit outweighs the risk. Within the documentation available for review, there is contradictory documentation regarding the relief and improvement of function methadone is providing. There is no documentation to substantiate the continuation of methadone in light of the potential risks. Also, there is no documentation identifying that methadone is being prescribed as a second-line drug. Additionally, the current request for methadone does not have an intended duration of use. The open-ended continuation of opiates is not supported by guidelines. Therefore, the currently requested methadone 5mg is not medically necessary.

**Cyclobenzaprine 7.5mg:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26 MTUS (Effective July 18, 2009) Page 63-66 of 127 Page(s): 63-66 of 127.

**Decision rationale:** Regarding the request for Cyclobenzaprine 7.5mg, Chronic Pain Medical Treatment Guidelines support the use of non-sedating muscle relaxants to be used with caution as a 2nd line option for the short-term treatment of acute exacerbations of pain. Guidelines go on to state that Cyclobenzaprine specifically is recommended for a short course of therapy. Within the documentation available for review, there is no identification of a specific analgesic benefit or objective functional improvement because of the Cyclobenzaprine. Additionally, it does not appear that this medication is being prescribed for the short-term treatment of an acute exacerbation, as recommended by guidelines. In the absence of such documentation, the currently requested Cyclobenzaprine 7.5mg is not medically necessary.