

Case Number:	CM14-0047178		
Date Assigned:	09/10/2014	Date of Injury:	09/21/1998
Decision Date:	10/03/2014	UR Denial Date:	04/10/2014
Priority:	Standard	Application Received:	04/15/2014

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 Occupational Medicine and is licensed to practice in Illinois. 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 68 year old man who has a date of injury of Sept 21, 1998. He has L4-5 and L5-S1 disc bulges with radicular lower extremity pain and has tried physical therapy, epidural injections and is being controlled for pain on oral medications. He also has depression, anxiety, chronic low back pain and neck pain. He was seen in the emergency room (ER) on June 5, 2014 for chest pain, which was ruled out with normal enzymes. The latest office note, on Aug 18, 2014, indicated that a transforaminal epidural was ordered.

IMR ISSUES, DECISIONS AND RATIONALES

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

Methadone 10mg, #21: 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 injured worker is currently experiencing functional improvement with other pain medications and proof of increased functionality with methadone is not shown. Per the Medical Treatment Utilization Schedule (MTUS), methadone is recommended as a second-line drug for moderate to severe pain if the potential benefit outweighs the risk. The Food and Drug

Administration (FDA) reports, that they have received reports of severe morbidity and mortality with this medication. Delayed adverse effects may occur due to methadone accumulation during chronic administration and systemic toxicity is more likely to occur in injured workers previously exposed to high doses of opioids. The benefit has not been unequivocally shown in this injured worker for the medical necessity of this medication with its intrinsic risks. The request is not medically necessary.

Xanax 5mg, #84: Upheld

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

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

Decision rationale: This injured worker has depression, anxiety, chronic low back pain and neck pain. However, there are more appropriate medications to treat these conditions. Per the Medical Treatment Utilization Schedule (MTUS), benzodiazepines are not recommended for long-term use because long-term efficacy is unproven and there is a risk of dependence. Their range of action includes sedative/hypnotic, anxiolytic, anticonvulsant, and muscle relaxant. Chronic benzodiazepines are the treatment of choice in very few conditions. Tolerance to hypnotic effects develops rapidly. Tolerance to anxiolytic effects occurs within months and long-term use may actually increase anxiety. A more appropriate treatment for anxiety disorder is an antidepressant. The request is not medically necessary.

Adderall 10mg, #30: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation National Guideline Clearinghouse: Assessment and Management of Attention Deficit Hyperactivity Disorder (ADHD)

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Ponizovsky AM, Marom E, Fitoussi I. Trends in attention deficit hyperactivity disorder drugs consumption, Israel, 2005-2012. *Pharmacoepidemiol Drug Saf.* 2014 May;23(5): pages 534-8. McCabe SE, West BT. Medical and nonmedical use of prescription stimulants: results from a national multicohort study. *J Am Acad Child Adolesc Psychiatry.* 2013 Dec;52(12): pages 1272-80. Jeffers AJ, Benotsch EG. Non-medical use of prescription stimulants for weight loss, disorde

Decision rationale: Adderall contains a combination of amphetamine and dextroamphetamine, central nervous system stimulants that affect chemicals in the brain and nerves that contribute to hyperactivity and impulse control. Adderall is used to treat narcolepsy and attention deficit hyperactivity disorder (ADHD). This worker has depression, anxiety, chronic low back pain and neck pain. There is no indication for use of this medication. The request is not medically necessary.

Namenda 10mg, #60: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Management of Stroke Rehabilitation Working Group, VA/DoD Clinical Practice Guideline for the Management of Stroke Rehabilitation: Veterans Health Administration, Department of Defense; 2010.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Kafi H, Salamzadeh J, Beladimoghadam N, Sistanizad M, Kouчек M. Study of the neuroprotective effects of memantine in patients with mild to moderate ischemic stroke. Iran J Pharm Res. 2014 Spring;13(2): pages 591-8. Da Re F, Rucci F, Isella V. Retrospective Study on Agitation Provoked by Memantine in Dementia. J Neuropsychiatry Clin Neurosci. 2014 Sep 25. Garcia-Munoz M, Lopez-Huerta VG, Carrillo-Reid L, Arbuthnott GW. Extrasynaptic glutamate NMDA receptors

Decision rationale: Namenda is indicated for individuals suffering from vascular cognitive disorder, vascular dementia or moderate to severe dementia of the Alzheimer's type. Namenda (memantine) reduces the actions of chemicals in the brain that may contribute to the symptoms of Alzheimer's disease. This worker has depression, anxiety, chronic low back pain and neck pain. There is no indication for use of this medication. The request is not medically necessary.