

<b>Case Number:</b>	CM14-0067263		
<b>Date Assigned:</b>	07/11/2014	<b>Date of Injury:</b>	12/12/1989
<b>Decision Date:</b>	08/29/2014	<b>UR Denial Date:</b>	04/28/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/12/2014

### 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 55-year-old male who reported an injury on 12/12/1989. The mechanism of injury was not specifically stated. Current diagnoses include failed back surgery syndrome, lumbar radiculopathy, fibromyalgia/myositis, and unspecified neuralgia, neuritis, and radiculitis. The injured worker was evaluated on 04/17/2014 with complaints of left upper extremity and low back pain. The current medication regimen includes hydrocortisone, Lidoderm 5% patch, AndroGel, Colace, Klonopin 1 mg, methadone 10 mg, oxycodone 10 mg, Prilosec 20 mg, and Vistaril 25 mg. Physical examination revealed tenderness to palpation of the lumbar facets, painful range of motion, an antalgic gait, and normal motor strength. Treatment recommendations included continuation of the current medication regimen.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Klonopin 1mg QTY: 70: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines benzodiazepines Page(s): 23.

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

**Decision rationale:** The California MTUS Guidelines state benzodiazepines are not recommended for long-term use, because long-term efficacy is unproven and there is a risk of dependence. The injured worker does not maintain a diagnosis of anxiety disorder. There is also no frequency listed in the current request. As such, the request for Klonopin 1mg is not medically necessary.

**Methadone 10mg QTY: 210:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM, Chronic Pain Treatment Guidelines methadone. Decision based on Non-MTUS Citation Food and Drug Administration.

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

**Decision rationale:** The California MTUS Guidelines state methadone is recommended as a second-line drug for moderate to severe pain if the potential benefit outweighs the risk. The injured worker has utilized this medication since 11/2013. There is no documentation of objective functional improvement. There is also no frequency listed in the current request. As such, the request for Methadone 10mg is not medically necessary.

**Oxycodone 10mg QTY: 50:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 77, 80, 81.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 74-82.

**Decision rationale:** The California MTUS Guidelines state a therapeutic trial of opioids should not be employed until the patient has failed a trial of nonopioid analgesics. Ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects should occur. The injured worker has utilized this medication since 11/2013 without any evidence of objective functional improvement. There is also no frequency listed in the current request. As such, the request for Oxycodone 10mg is not medically necessary.

**Vistaril 25mg QTY: 60:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Integrated Treatment/ Disability Duration guidelines, Pin (chronic) (See also body part chapters for condition specific information especially the Low Back chapter. Anxiety medications in chronic pain.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation [www.nlm.nih.gov](http://www.nlm.nih.gov). U.S. National Library of Medicine. U.S. Department of Health and Human Services National Institutes of Health. Updated: 21 Aug 2014. Hydroxyzine is used to relieve the itching caused by allergies and to control the nausea and vomiting caused by various conditions, including motion sickness. It is also used for anxiety and to treat the symptoms of alcohol withdrawal.

**Decision rationale:** According to the U.S. National Library of Medicine, hydroxyzine is used to relieve itching caused by allergies and to control nausea and vomiting caused by various conditions. The injured worker does not maintain a diagnosis of allergies or nausea/vomiting. The medical necessity for the ongoing use of this medication has not been established. There is also no frequency listed in the current request. As such, the request for Vistaril 25mg is not medically necessary.