

<b>Case Number:</b>	CM14-0088199		
<b>Date Assigned:</b>	08/29/2014	<b>Date of Injury:</b>	03/29/1999
<b>Decision Date:</b>	10/03/2014	<b>UR Denial Date:</b>	06/07/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/12/2014

### 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 Occupational Medicine, 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 62 year old patient had a date of injury on 3/29/1999. The mechanism of injury was not noted. In a progress noted dated 5/29/2014, subjective findings included right shoulder pain, from 8/10 without medications to 7/10 with medications. Quality of sleep is poor. On a physical exam dated 5/29/2014, objective findings included decreased Rom with right arm. Injection has been helpful for pain relief, and he has tried to reduce to 3/day of methadone, but has felt more anxious. Diagnostic impression shows shoulder pain. Treatment to date: medication therapy, behavioral modification. A UR decision dated 6/7/2014 denied the request for Lyrica 100mg #60 and Methadone 10mg #135 was denied, stating patient reports increases in pain and has been on Lyrica and Methadone since at least 11/2012. Seroquel 100mg #30 was denied, stating no evidence that etiology of patient's sleep problem has been clearly defined or diagnosed to support necessity. Klonopin .5mg #30 was denied, stating that long term use not recommended and risk of dependence.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Lyrica 100mg #60:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 20.

**Decision rationale:** MTUS states that Lyrica has been documented to be effective in treatment of diabetic neuropathy and postherpetic neuralgia, has FDA approval for both indications, and is considered first-line treatment for both. Peer-reviewed literature also establishes neuropathic pain as an indication for Lyrica. In a progress report dated 5/29/2014, the patient reports his pain level to increase from 7/10 to 8/10 with medications, and the patient has been on this medication since at least 2012. Furthermore, he mentions that only the injection has helped with his pain relief. Therefore, the request for Lyrica 100mg #60 is not medically necessary.

**Methadone 10 mg #135:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 78-81.

**Decision rationale:** CA MTUS Chronic Pain Medical Treatment Guidelines do not support ongoing opioid treatment unless prescriptions are from a single practitioner and are taken as directed; are prescribed at the lowest possible dose; and unless there is ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. In a progress report dated 5/29/2014, the patient reports his pain level to increase from 7/10 to 8/10 with medications, and the patient has been on this medication since at least 2012. Furthermore, he mentions that only the injection has helped with his pain relief. Therefore, the request for Methadone 10mg #135 is not medically necessary.

**Seroquel 100 mg # 30:** Upheld

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

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: FDA: Seroquel

**Decision rationale:** MTUS and ODG do not apply. The FDA states that Seroquel is indicated for Schizophrenia; acute treatment of manic episodes associated with bipolar I disorder, both as monotherapy and as an adjunct to lithium or divalproex; monotherapy for the acute treatment of depressive episodes associated with bipolar disorder; and maintenance treatment of bipolar I disorder, as an adjunct to lithium or divalproex. In a progress report dated 5/29/2014, there was no documented functional improvement, as the sleep quality is poor. Therefore, the request for Seroquel 100mg #30 is not medically necessary.

**Klonopin 0.5 mg # 30:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain (Chronic)

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

**Decision rationale:** CA MTUS Chronic Pain Medical Treatment Guidelines state that benzodiazepines range of action includes sedative/hypnotic, anxiolytic, anticonvulsant, and muscle relaxant. They are not recommended for long-term use because long-term efficacy is unproven and there is a risk of dependence. Most guidelines limit use to 4 weeks. In a progress report dated 5/29/2014, there was no documentation of functional improvement noted with this medication, and guidelines do not support long term use due to risk of dependency. This patient has been on Klonopin since at least 2012. Therefore, the request for Klonopin 0.5mg #30 is not medically necessary.