

Case Number:	CM14-0169662		
Date Assigned:	12/09/2014	Date of Injury:	07/19/2000
Decision Date:	01/13/2015	UR Denial Date:	10/01/2014
Priority:	Standard	Application Received:	10/14/2014

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 Family Medicine and is licensed to practice in North Carolina. 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 patient is a 53-year-old with a reported date of injury of 07/19/2000. The mechanism of injury was a motor vehicle collision. The patient has the diagnoses of cauda equina syndrome, diffuse MRSA, urinary and fecal incontinence, post laminectomy lumbar syndrome and lumbago. Per the most recent progress notes provided for review from the primary treating physician dated 09/08/2014, the patient had complaints of continued pain in the low back and weakness in the lower extremities. The physical exam noted cervical spine tenderness with restricted range of motion, multiple sores and atrophy in the lower extremities and lumbar tenderness in the facet joints and restriction in range of motion. The treatment plan recommendations included continuation of all medications.

IMR ISSUES, DECISIONS AND RATIONALES

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

Methadone 10 mg, #360: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids for chronic pain.

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

Decision rationale: This medication is indicated as a second-line agent in the treatment of chronic pain. In the progress notes the patient reports pain level as 10/10 without the use of this medication. The patient is currently on opioid therapy as well. The pain is rated a 4/10 with pain medication. The patient also reports increased function with medications. Criteria for the use of this medication have been met and the request is medically necessary.

Xanax 0.5 mg, #120: Upheld

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

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

Decision rationale: The California chronic pain medical treatment guidelines section on benzodiazepines stated benzodiazepines 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. 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. Tolerance to anticonvulsant and muscle relaxant effects occurs within weeks. This medication is not recommended per the California MTUS for chronic ongoing use. They are the treatment of choice in very few instances. There is no indication of failure of other first line anxiety medications. Therefore the request is not medically necessary.