

<b>Case Number:</b>	CM14-0201834		
<b>Date Assigned:</b>	12/12/2014	<b>Date of Injury:</b>	11/01/1999
<b>Decision Date:</b>	01/28/2015	<b>UR Denial Date:</b>	11/13/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/02/2014

### 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 Internal 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:

The injured worker (IW) is a 47-year-old woman with a date of injury of November 1, 1999. The mechanism of injury was not documented in the medical record. The injured worker's working diagnoses are lumbago; cervicalgia; and unspecified myalgia and myositis. Pursuant to the most recent progress noted dated November 6, 2014, the IW states that she has been dealing with her mother and her own medical problems. She has gained weight from an adrenal problem. She reports that her fibromyalgia has been worse from the recent stressors from her life. Her pain is worse in the right low back and down her legs on the left more than the right. She has increased neck pain and headaches. Her pain is controlled with her current medications. Objectively, the IW has rapid speech. She transfers with some stiffness. Her gait is normal. She has functional range of motion and strength in all extremities. She has equal sensation to light touch. There is tenderness to palpation along the spinous processes from the cervical to lumbar region. The provider reports that her CURES report was consistent and her urine drug screens have been appropriate. Current medications include Norco 5/325mg, Xanax 0.5mg, Lyrica 75mg, Wellbutrin SR 150mg, Soma 350mg, and Methadone 10mg. Documentation indicates the IW has been taking Xanax, Soma, Methadone, Wellbutrin, and Norco since at least April 10, 2014, which is the earliest progress note in the medical record. There are no detailed pain assessments or evidence of objective functional improvement associated with the aforementioned medications. The Lyrica 75mg was listed in the injured worker's list of medication in an October 2, 2014 progress note. According to the UR documentation, Wellbutrin has been prescribed since 2011 for depression related to pain and loss of function. A psychological evaluation has been approved, however, the psychological evaluation has not been completed. The start dates on all of the injured worker's medications is unclear due to lack of documentation. The current request

is for Methadone 10mg #90, Xanax 0.5mg #90, Lyrica 75mg #60, Wellbutrin SR 150mg #60, and Soma 350mg #90.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

#### **One prescription of Methadone 10mg #90: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opiates Page(s): 74-96. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); Pain Section; Methadone, Opiates.

**Decision rationale:** Pursuant to the Official Disability Guidelines, one prescription for methadone 10 mg #90 is not medically necessary. Methadone is recommended as a second line drug for moderate to severe pain, only if the potential benefit outweighs the risk, unless methadone is prescribed by pain specialists with experience in use, where first-line use may be appropriate. See the Official Disability Guidelines, Methadone section for details. Ongoing, chronic opiate use requires an ongoing review and documentation of pain relief, functional status, appropriate medication use and side effects. A detailed pain assessment should accompany Methadone and chronic opiate abuse. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function or improve quality of life. The lowest possible dose should be prescribed to improve pain and function. In this case, the injured worker is a 47-year-old woman with a date of injury November 1, 1999. The injured worker's working diagnoses are lumbago; cervicgia; an unspecified myalgia and myositis and fibromyalgia. The methadone was modified in a prior request from 90 tablets to 67 tablets for reading purposes based on concerns for respiratory depression. The injured worker takes Xanax (in addition to methadone) that also has respiratory depression properties. The treating physician has also prescribed Soma, a drug that has psychological and physical dependent properties; and Norco. Methadone is been prescribed since April 10, 2014. The original dosing was methadone 10 mg one every eight hours. On July 31, 2014 the frequency was increased to one tablet every six hours. In November 2014 the dose was reduced to one tablet every eight hours. The injured worker is still taking Xanax and Soma and Norco concurrently. There is no documentation indicating objective functional improvement with ongoing methadone. The treating physician is a physical medicine and rehabilitation specialist (PMR Specialist), not a pain specialist. Methadone prescribing should be performed by a pain specialist only. Consequently, the injured worker is taking Methadone with other potentially addictive medications (Xanax and Soma and Norco) and absent the appropriate clinical information containing objective functional improvement and a pain specialist to evaluate and prescribe methadone, Methadone 10 mg #90 is not medically necessary.

#### **One prescription of Xanax 0.5mg #90: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions Page(s): 402.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines Page(s): 24. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); Pain Section, Benzodiazepines.

**Decision rationale:** Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, Xanax 0.5 mg #90 is not medically necessary. Benzodiazepines are not recommended for long-term use (longer than two weeks) because long-term use is unproven and there is risk of psychological and physical dependence or frank addiction. Chronic benzodiazepines are the treatment of choice in very few conditions. In this case, the injured worker has been on Xanax as far back as April 10 of 2014. The injured worker is a 47-year-old woman with a date of injury November 1, 1999. The injured workers working diagnoses are lumbago; cervicalgia; an unspecified myalgia and myositis. April 10 of 2014 is the earliest progress note in the medical record. The start date of Xanax is unclear. The documentation does not contain evidence of objective functional improvement. Additionally, the injured worker is taking Methadone and Soma and Norco concurrently. Xanax has respiratory depressant properties. Methadone has respiratory depressant properties. Norco has respiratory depressant properties. Consequently, absent the appropriate clinical indications in conjunction with a clinical rationale and evidence of objective functional improvement and the concurrent benzodiazepine, opiate and muscle relaxant use, Xanax 0.5 #90 is not medically necessary.

**One prescription of Soma 350mg #90:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Carisoprodol (Soma, Sopradal 350, Vanadom, generic available).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants Page(s): 65-66. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); Pain Section, Muscle Relaxants.

**Decision rationale:** Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, one prescription soma 350 mg #90 is not medically necessary. Muscle relaxants are recommended as a second line option for short-term (less than two weeks) treatment of acute low back pain and short-term treatment of acute exacerbations in patients with chronic low back pain. Efficacy appears to diminish over time and prolonged use may lead to dependence. In this case, the injured worker is a 47-year-old woman with a date of injury November 1, 1999. The injured workers working diagnoses are lumbago; cervicalgia; an unspecified myalgia and myositis and fibromyalgia. The documentation indicates soma was prescribed as far back as April 10, 2014. This is the earliest progress note in the medical record. The start date is not documented in the medical record. The documentation does not reflect evidence of objective functional improvement regarding Soma use. As noted above, the injured worker is also taking Xanax, methadone and Norco. All four drugs have an additive effect on each other. All have psychological and physical addictive properties. The treating physician has exceeded the recommended guidelines of Soma use (duration). Consequently, absent the

appropriate clinical indications, documentation indicating objective functional improvement and the potential interaction with Xanax, methadone and Norco, Soma 350 mg #90 is not medically necessary.

**One prescription of Wellbutrin SR 150mg #60: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions Page(s): 402, Chronic Pain Treatment Guidelines Anti-epilepsy drugs (AEDs), Antidepressants. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Mental Illness & Stress

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); Pain Section, Wellbutrin.

**Decision rationale:** Pursuant to the Official Disability Guidelines, Wellbutrin SR 150 mg #60 is not medically necessary. Wellbutrin is an atypical antidepressant indicated for depression. For additional details see the Official Disability Guidelines. In this case, the injured worker is a 47-year-old woman with a date of injury November 1, 1999. The injured worker's working diagnoses are lumbago; cervicalgia; an unspecified myalgia and myositis. Wellbutrin was prescribed in a progress note dated April 10, 2014. This is the earliest progress note in the medical record for review. The utilization review indicates whelp you train has been used since 2011. Wellbutrin was prescribed for depression related pain and loss of function. A psychological evaluation was approved, however, the psychological evaluation was never completed. The injured worker has been taking Wellbutrin through the present. The documentation does not contain evidence of objective functional improvement. Additionally, the injured worker is taking additional medications, all of which have both psychological and physical addictive properties. These include Norco, methadone, Xanax and Soma. Consequently, absent the appropriate clinical documentation to support the ongoing use of Wellbutrin, evidence of objective functional improvement, and the appropriate clinical indication (pain related depression), Wellbutrin SR 150 mg #60 is not medically necessary.

**One prescription of Lyrica 75mg #60: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Lyrica (pregabalin). Decision based on Non-MTUS Citation Official Disability Guidelines, Pain (Chronic)

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Anti-depressants Page(s): 13. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); Pain Section, Lyrica.

**Decision rationale:** Pursuant to the Official Disability Guidelines, one prescription Lyrica 75 mg #60 is not medically necessary. Lyrica is recommended in neuropathic pain conditions and fibromyalgia, but not for acute pain. Lyrica is an anticonvulsant and is considered a first-line treatment for neuropathic pain. Lyrica is associated with a modest increase in the number of

patients experiencing meaningful pain reduction. In this case, the injured worker is a 47-year-old woman with a date of injury November 1, 1999. The injured worker's working diagnoses are lumbago; cervicalgia; an unspecified myalgia and myositis and fibromyalgia. Lyric was prescribed October 2, 2014. Its onset of action is thought to be rapid; less than one week. The medical record has a progress note from July 31, 2014 with a jump to October 2, 2014. The documentation is unclear as to whether Lyrica was started, August or September 2014. In either case, there is no documentation indicating Lyrica was successful in pain reduction. The documentation does not reflect objective functional improvement and its ongoing use is not indicated. Consequently, absent objective functional improvement with the use of Lyrica and its rapid onset of action, lyrical 75 mg #60 is not medically necessary.