

<b>Case Number:</b>	CM15-0087564		
<b>Date Assigned:</b>	05/11/2015	<b>Date of Injury:</b>	09/21/1998
<b>Decision Date:</b>	06/26/2015	<b>UR Denial Date:</b>	04/30/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/06/2015

### 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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:  
 State(s) of Licensure: Connecticut, California, Virginia  
 Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

### 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 69 year old male, who sustained an industrial injury on September 21, 1998. The injured worker was diagnosed as having lumbar displaced intervertebral disc and lumbar radiculopathy. Treatment and diagnostic studies to date have included medication. A progress note dated April 14, 2015 provides the injured worker complains of back leg pain. He reports his pain is unchanged. It was previously discussed and suggested he see an addictionologist for weaning of methadone but the injured worker reports he is too busy to do that and had requested but was denied an increase in Methadone. Weaning was again suggested this visit with no interest on the part of the injured worker. Physical exam notes difficulty answering questions and thought process is described as tangential. Ambulation is very slow. There is painful decreased range of motion (ROM) of the lumbar spine. The plan includes spinal cord stimulator, or pain pump, Lyrica, Methadone, Xanax, Adderall, Norco and follow-up.

### 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.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines opioids  
Page(s): 74-96.

**Decision rationale:** Chronic use of opioids is addressed thoroughly by the MTUS chronic pain guidelines and given the long history of pain in this patient since the initial date of injury, consideration of the MTUS Criteria for Use of Opioids in chronic pain is appropriate. Documentation of pain and functional improvement are critical components, along with documentation of adverse effects. While the MTUS does not specifically detail a set visit frequency for re-evaluation, recommended duration between visits is 1 to 6 months. In this case, the patient clearly warrants close monitoring and treatment, to include close follow up regarding improvement in pain/function; consideration of additional expertise in pain management should be considered if there is no evidence of improvement in the long term. More detailed consideration of long-term treatment goals for pain (specifically aimed at decreased need for opioids), and further elaboration on dosing expectations in this case would be valuable. Consideration of other pain treatment modalities and adjuvants is also recommended. Given the lack of lack of evidence to support functional improvement on the medication and the chronic risk of continued treatment (particularly with use of multiple opioids and in excess of guideline-based dosing limits), the request is not medically necessary.

**One prescription of Norco 10/325mg #60:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines opioids  
Page(s): 74-96.

**Decision rationale:** Chronic use of opioids is addressed thoroughly by the MTUS chronic pain guidelines and given the long history of pain in this patient since the initial date of injury, consideration of the MTUS Criteria for Use of Opioids in chronic pain is appropriate. Documentation of pain and functional improvement are critical components, along with documentation of adverse effects. While the MTUS does not specifically detail a set visit frequency for re-evaluation, recommended duration between visits is 1 to 6 months. In this case, the patient clearly warrants close monitoring and treatment, to include close follow up regarding improvement in pain/function; consideration of additional expertise in pain management should be considered if there is no evidence of improvement in the long term. More detailed consideration of long-term treatment goals for pain (specifically aimed at decreased need for opioids), and further elaboration on dosing expectations in this case would be valuable. Consideration of other pain treatment modalities and adjuvants is also recommended. Given the lack of lack of evidence to support functional improvement on the medication and the chronic risk of continued treatment (particularly with use of multiple opioids and in excess of guideline-based dosing limits), the request is not medically necessary.

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

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines benzodiazepines Page(s): 24, 66.

**Decision rationale:** According to the cited MTUS guidelines, benzodiazepines are not recommended for long-term use because long-term efficacy is unproven and there is significant risk of dependence. Chronic benzodiazepines are the treatment of choice in very few conditions and not indicated for use most issues. Tolerance to anxiolytic effects occurs within months and long-term use may actually increase anxiety. The injured worker's records indicate that she has been on xanax long-term with no evidence of functional improvement. Based on the cited guidelines and medical records available, Xanax is not medically necessary or appropriate.

**One prescription of Adderall 10mg #30:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

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

**Decision rationale:** Adderall has no clinical indication in management of acute or chronic pain, and is not addressed by the MTUS guidelines. The ODG does recommend that weaning gradually from Adderall take place. Overall in this case, the patient has no clear psychiatric diagnosis warranting use of Adderall in the case of this work-related injury, and therefore the request is not medically necessary.