

<b>Case Number:</b>	CM14-0126202		
<b>Date Assigned:</b>	08/13/2014	<b>Date of Injury:</b>	01/14/2003
<b>Decision Date:</b>	10/31/2014	<b>UR Denial Date:</b>	07/24/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/08/2014

### 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 Management 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 is a male who reported injury on 01/14/2003. The mechanism of injury was not provided. The prior therapies, surgical history, diagnostic studies and other therapies were not provided. The documentation of 02/24/2014 revealed the injured worker's current medications were Norco, Soma, Lidoderm patch, Tizanidine, methadone, and Lorazepam. The injured worker's complaints included neck pain, right shoulder pain and right arm pain, low back pain, right hip pain, and right leg pain. The injured worker indicated he feels walking was becoming more difficult and the injured worker was noted to shuffle his legs because he could not feel them. The injured worker indicated that medications were having a hard time keeping up with his pain. The injured worker was receiving generic Lidoderm patches which were not sticking well. Diagnoses included cervicalgia, post-traumatic stress disorder, panic attacks and lumbar degenerative disc disease. Physical examination revealed the injured worker had decreased motor sensation with significant discomfort with extension and flexion. The injured worker's strength was 3/5 to 4/5. The deep tendon reflexes were equal bilaterally. The injured worker had mild decreased sensation in the bilateral lower extremities. The injured worker was noted to be an everyday smoker. The injured worker was noted to be taking 2 methadone tablets 5 times per day and 10 mg Norco tablets every 4 to 6 hours with a maximum of 6 per day. Additionally, the injured worker's medications included Soma. There was no rationale or Request for Authorization submitted to support the requests.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Tizanidine 4mg #90:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment Page(s): 47, 128. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Chapter

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants, Page(s): 63.

**Decision rationale:** The California MTUS Guidelines recommend muscle relaxants as a second line option for the short term treatment of pain. The clinical documentation submitted for review indicated the injured worker was currently utilizing medication. However, there was a lack of documentation indicating duration of use. There was a lack of documentation indicating exceptional factors to warrant non-adherence to guideline recommendations. The request as submitted failed to indicate the frequency for the requested medication. Given the above, the request for Tizanidine 4 mg #90 is not medically necessary.

**Lorazepam 1mg #90:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM,Chronic Pain Treatment Guidelines Page(s): 66. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Chapter

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

**Decision rationale:** The California MTUS Guidelines do not recommend benzodiazepines as treatment for patients with chronic pain for longer than 4 weeks due to a high risk of psychological and physiological dependence. The duration of use could not be established. However, the medication was noted to be a current medication. The efficacy was not provided. There was a lack of documentation of exceptional factors to warrant non-adherence to guideline recommendations. The request as submitted failed to indicate the frequency for the requested medication. Given the above, the request for Lorazepam 1 mg #90 is not medically necessary.

**Methadone 10mg #300:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment Page(s): 47-48,Chronic Pain Treatment Guidelines Page(s): 80-82. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Chapter ; Washington State Dept. of Labor: Guidelines for Prescribing Opioids to Treat Pain in Injured Workers

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines ongoing management, opioid dosing, Page(s): 60, 78, 86.

**Decision rationale:** should be documentation of objective functional improvement, an objective decrease in pain and documentation the injured worker has been monitored for aberrant drug behavior and side effects. The cumulative dosing of all opiates should not exceed 120 mg of oral morphine equivalents per day. The clinical documentation submitted for review indicated the injured worker was taking 2 methadone tablets of 10 mg 5 times a day and taking Norco 10/325 up to 6 per day. The cumulative dosing would be 1260 mg of daily morphine equivalent dosing. This far exceeds the maximum of 120 mg recommended. The request as submitted failed to indicate the frequency for the requested medication. Given the above, the request for methadone 10 mg #300 is not medically necessary.