

<b>Case Number:</b>	CM14-0128399		
<b>Date Assigned:</b>	09/29/2014	<b>Date of Injury:</b>	04/23/1999
<b>Decision Date:</b>	10/30/2014	<b>UR Denial Date:</b>	08/01/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/12/2014

### 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 Physical Medicine and Rehabilitation, and Pain Medicine, and is licensed to practice in California and Washington. 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 53-year-old male who reported an injury on 04/23/1999 due to cumulative trauma to his knees. Diagnoses were status post traumatic injury causing loss of consciousness and therefore a mild traumatic brain injury which appeared to have resolved, bilateral shoulder post-traumatic arthritis, bilateral knee post-traumatic arthritis, cervical degenerative joint disease, and lumbar degenerative joint disease. Physical examination on 06/25/2014 revealed complaints of right shoulder pain which was reported to be constant and sharp with some numbness and paresthesias in the right upper extremity. It was reported that the pain radiated down to the right upper extremity. Without medication, pain was rated a 7/10 to an 8/10 in severity, with medications the pain was down to a 4/10 in severity. There were complaints of neck pain. Without medications, the pain was rated a 7/10 to an 8/10. With medications, the pain was reported to be 3/10 to 4/10 in severity. There were complaints of low back and middle of the low back pain. There were also complaints of bilateral knee pain. Examination revealed sensation testing was slightly decreased to light touch in the right lower extremity. Upper and lower extremity range of motion was within functional limits except for right shoulder which revealed abduction of only 90 degrees and flexion was to 90 degrees. Upper extremity reflexes were 1/4 at the right biceps and brachioradialis, 2/4 at the right triceps, 2/4 at the left triceps, biceps, and brachioradialis muscles. Range of motion for the neck was limited. Range of motion for the lumbar spine was limited. There was tenderness to palpation over the lateral aspects of both knees. Treatment plan was to start the injured worker on Lyrica 75 mg by mouth 1 every 8 hours to increase to 150 mg by mouth 1 every 8 hours. Methadone was also started 10 mg by mouth 1 every 8 hours for 1 week and if needed to titrate to 15 mg. The rationale and request for authorization were not submitted.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Methadone 10mg #150:** Upheld

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

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

**Decision rationale:** The Official Disability Guidelines have set up steps for prescribing methadone. The drug should be used with caution in opioid naive patients due to the risk of life threatening hypoventilation. Inform the patient that they should not be tempted to take more methadone than prescribed due to the dangerous build up that can lead to death. The patient should be warned not to use alcohol, benzodiazepines or other CNS depressants. Inform the patient of the potential adverse side effects of methadone. The injured worker was started on methadone on 06/25/2014 physical examination. There were no other clinical documentations after this date to provide the efficacy of this medication. Although the injured worker had recently started on this medication, the request does not indicate a frequency for the medication. Therefore, this request is not medically necessary.

**Valium 10mg #14 with 2 refills of #60:** Upheld

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

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

**Decision rationale:** The California Medical Treatment Utilization Schedule Guidelines do not recommend the use of benzodiazepines as treatment for patients with chronic pain for longer than 3 weeks due to a high risk of psychological and physiological dependency. The clinical documentation submitted for review provides evidence that the injured worker was also taking methadone, which can build up and lead to death. In combination with a benzodiazepine or other CNS depressants, this can lead to life threatening hypoventilation. The medical guidelines do not support the use of benzodiazepines with methadone. Also, the request does not indicate a frequency for the medication. Therefore, this request is not medically necessary.

**Lyrica 150mg #90 with 2 refills:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Anti-epilepsy drugs (AED's).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Antiepilepsy Page(s): 16.

**Decision rationale:** The California Medical Treatment Utilization Schedule states Lyrica is an anticonvulsant that has been documented to be effective in treatment of diabetic neuropathy and postherpetic neuralgia, has FDA approval for both indications, and is a considered first line treatment for both. This medication is designated as a schedule for controlled substance because of its causal relationship with euphoria. This medication also has an anti-anxiety effect. Pregabalin is being considered by the FDA as treatment for generalized anxiety disorder and social anxiety disorder. The injured worker recently started on this medication. Although the efficacy of this medication was not able to be reported due to the fact there was no clinical documentation after this examination dated 06/25/2014, the request does not indicate a frequency for the medication. Therefore, this request is not medically necessary.