

Case Number:	CM14-0180238		
Date Assigned:	11/04/2014	Date of Injury:	07/18/1999
Decision Date:	12/09/2014	UR Denial Date:	10/08/2014
Priority:	Standard	Application Received:	10/30/2014

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 Utah. 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 55 year-old female. The patient's date of injury is 07/18/1999. The mechanism of injury is not stated. The patient has been diagnosed with chronic pain syndrome, post laminectomy syndrome, degeneration of the lumbar disc, insomnia, myalgia and myositis, pain in the joint, and pain in the joint. The patient's treatments have included surgical interventions, injections, intrathecal pump trial, spinal cord stimulator and medications. The physical exam findings dated 8/29/2014 states the patient's extremities range of motion if full, the muscle mass and muscle tone is normal. Clubbing is absent, cyanosis is absent, and edema is absent. The straight leg test is reported as positive on the right, for lower back pain and radicular pain. The facets are noted as tender bilaterally in the thoracic spine. There is tenderness bilaterally over the SI joints bilaterally. There is restricted and painful, limited pain in the spine. The patient's medications have included, but are not limited to, Morphine, Methadone, Hydrocodone, Cyclobenzaprine, Temazepam, Baclofen, Ambien, Actiq, Prednisone, Paxil, Zyprexa, Wellbutrin, Naprosyn, Lidoderm and Dilaudid. The request is for Methadone, Ativan and Flexeril.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cyclobenzaprine 10mg #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants Page(s): 63-66.

Decision rationale: MTUS guidelines state the following, "Cyclobenzaprine is indicated for as an option for use in short course of therapy." Efficacy is greatest in the first four days of treatment with this medication. MTUS states that treatment course should be brief. According to the clinical documents, the Cyclobenzaprine requested is not being used for short term therapy. There also has been a recommended taper of this medication previously. Following guidelines as listed above, there is no indication for the use of Cyclobenzaprine. At this time, the request is not medically necessary.

Ativan 1mg #11: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines

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

Decision rationale: MTUS, Chronic Pain Medical Treatment Guideline were reviewed in regards to this specific case, and the clinical documents were reviewed. According to the MTUS guidelines, "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. According to the clinical documentation provided and current MTUS guidelines; the Ativan, as noted above, is not indicated as medically necessary.

Methadone 10mg #120: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use Page(s): 75-79.

Decision rationale: MTUS treatment guidelines were reviewed in regards to this specific case, and the clinical documents were reviewed. The MTUS indicates that ongoing management of opioids includes documentation of prescriptions given from a single practitioner, prescriptions from a single pharmacy and the lowest dose should be used to improve function. There should also be an ongoing review of the 4 A's, including analgesia, activities of daily living, adverse side effects, and aberrant drug behaviors. There is no clear functional gain that has been documented with this medication. In addition, according to the documentation provided, there has been no significant change in character of the pain; the pain appears to be chronic. According

to the clinical documentation provided and current MTUS guidelines; Methadone is not indicated a medical necessity to the patient at this time.