

<b>Case Number:</b>	CM15-0175294		
<b>Date Assigned:</b>	09/16/2015	<b>Date of Injury:</b>	10/28/1995
<b>Decision Date:</b>	10/19/2015	<b>UR Denial Date:</b>	08/13/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/04/2015

### 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: North Carolina

Certification(s)/Specialty: Family Practice

### 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 62 year old male, who sustained an industrial injury on October 28, 1995. The injured worker is diagnosed as having lumbar radicular pain, herniated lumbar intervertebral disc, chronic pain syndrome, cervical disc herniation and cervical radiculopathy. His work status is medically retired. Currently, the injured worker complains of left leg pain rated at 8 on 10 and radiates to the top of his left foot. He also experiences left sided neck and low back pain. Physical examinations dated May 15, 2015-August 4, 2015 reveal increased cervical lordosis and tenderness noted on the left posterolateral, paraspinal, sternocleidomastoid and trapezius. Cervical side bending is moderately limited. There is decreased right rotation and flexion and left rotation is much worse due to surgical limitations. The deep tendon reflexes are diminished at C7 on the left. The examination of the back reveals mild stiffness and bilateral paraspinal tenderness and spasms. He has a shuffling gait. The straight leg raise is negative on the right and positive on the left. Lasegue sign is positive on the left and range of motion is limited. There is decreased plantar extension strength and toe extension strength bilaterally 4-5. Deep tendon reflexes are reactive and symmetric, and normal sensation in lower extremities. There is; however, decreased sensation in the medial foot bilateral plantar surfaces. Per documentation prior to August 4, 2015, the injured workers pain was decreased to 2-4 on 10 with no pain to palpation in his back and normal sensation in his lower extremities. Treatment to date has included epidural injection, radiofrequency ablations, medications (methadone, clonazepam-minimum of 2 years, hydrocodone-acetaminophen, ibuprofen, metaxolone-greater than 1 year), physical therapy, x-ray and Functional Restoration Program. Methylpred Sodium Succ (BU per

125 mg) Solumedrol Injection is denied due to radicular symptoms in the lower extremities continually present without a symptom free period and documentation regarding education of risks and limited evidence of efficacy was not provided, Clonazepam 1 mg (unknown quantity) is modified to #42 for weaning as long term use is not recommended and Metaxolone 800 mg (unknown quantity) is denied due to long term use with no evidence of efficacy, per Utilization Review letter dated August 13, 2015.

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

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

#### **Methylpred Sod Succ (BU per 125mg) Solumedrol Injection: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation PDR, methylprednisolone.

**Decision rationale:** The California MTUS and the ACOEM do not specifically address the requested service. The physician desk reference states that the requested medication can be used in the treatment of acute pain and inflammation. The provided medical records and physical exam do not indicate acute pain but chronic ongoing pain with no acute exacerbation. Therefore the request is not medically necessary.

#### **Clonazepam 1mg (unspecified quantity): Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Benzodiazepines.

**Decision rationale:** The California chronic pain medical treatment guidelines section on benzodiazepines states: Benzodiazepines. 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. A more appropriate treatment for anxiety disorder is an antidepressant. Tolerance to anticonvulsant and muscle relaxant effects occurs within weeks. (Baillargeon, 2003) (Ashton, 2005). The chronic long-term use of this class of medication is recommended in very few conditions per the California MTUS. There is no evidence however of all failure of first line agent for the treatment of anxiety or Insomnia in the provided documentation. In addition, there is no quantity specified in the request. For this reason, the request is not medically necessary.

**Metaxolone 800mg (unknown quantity): Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Muscle relaxants (for pain).

**Decision rationale:** The California chronic pain medical treatment guidelines section on muscle relaxants states: Recommend non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic LBP. (Chou, 2007) (Mens, 2005) (Van Tulder, 1998) (van Tulder, 2003) (van Tulder, 2006) (Schnitzer, 2004) (See, 2008) Muscle relaxants may be effective in reducing pain and muscle tension, and increasing mobility. However, in most LBP cases, they show no benefit beyond NSAIDs in pain and overall improvement. Also there is no additional benefit shown in combination with NSAIDs. Efficacy appears to diminish over time, and prolonged use of some medications in this class may lead to dependence. (Homik, 2004) (Chou, 2004) This medication is not intended for long-term use per the California MTUS. The medication has not been prescribed for the flare-up of chronic low back pain, but rather for ongoing and chronic lumbar and cervical pain. This is not an approved use for the medication. In addition, there is no quantity specified in the request. For these reasons, criteria for the use of this medication have not been met. Therefore, the request is not medically necessary.