

<b>Case Number:</b>	CM15-0061898		
<b>Date Assigned:</b>	04/07/2015	<b>Date of Injury:</b>	02/06/2009
<b>Decision Date:</b>	05/29/2015	<b>UR Denial Date:</b>	03/10/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/01/2015

### 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: California, Washington

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

### 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 50 year old male who suffered an industrial injury on 02/06/2009. The mechanism of injury involved a fall. The diagnoses include major depression, failed back syndrome with lumbar fusion, lumbar and cervical radiculopathy, migraines and chronic pain syndrome. The injured worker has been treated with medications and spinal surgeries. The latest physician progress note submitted for this review is documented on 01/26/2015. The injured worker presented for a follow-up evaluation. It was noted that the injured worker was status post multiple back surgeries, including a lumbar posterior fusion and a C5-7 fusion. The injured worker also suffered from carpal tunnel syndrome. It was also noted that the injured worker had been treated by a psychiatrist. The injured worker reported an increase in muscle spasm and stiffness with pain in the neck and low back rated 6/10. Severe headaches were also noted. Numbness and tingling of the bilateral hands secondary to carpal tunnel syndrome was reported. The injured worker was pending authorization for bilateral wrist braces. The current medication regimen includes gabapentin, methadone, tizanidine, Seroquel, Viibryd, atenolol, glipizide, metformin, omeprazole, and Ambien. There was no comprehensive physical examination provided. An EKG was performed in 02/2014, which revealed QTC of 419 ms. Treatment recommendations at that time included initiation of baclofen, discontinuation of tizanidine, continuation of methadone and gabapentin, laboratory results from the primary care physician continuation of home stretching exercises, and a 12 lead EKG. There was no Request for Authorization form submitted for review.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Lidoderm 5% topical film #60 with 5 refills:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 111-113.

**Decision rationale:** The California MTUS Guidelines state lidocaine is indicated for neuropathic pain or localized peripheral pain after there has been evidence of a trial of first line therapy with tricyclic or SNRI antidepressants or an anticonvulsant. In this case, the injured worker's current medication list does not include lidocaine 5%. There is no indication that this injured worker is actively utilizing the above medication. There is also no mention of a failure of first line treatment. The request as submitted also failed to indicate the frequency. Given the above, the request is not medically necessary.

**Methadone 5mg #120 with no refills:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 61-62.

**Decision rationale:** The California MTUS Guidelines recommend methadone as a second line option for moderate to severe pain if the potential benefit outweighs the risk. In this case, the injured worker has continuously utilized the above medication for an unknown duration. There was no documentation of objective functional improvement. The injured worker continues to report persistent pain over multiple areas of the body rated 6/10. There is also no evidence of a written consent or agreement for the chronic use of an opioid. There is no frequency listed in the request. Given the above, the request is not medically appropriate.

**Gabapentin 600mg #210 with 5 refills:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 16-19.

**Decision rationale:** The California MTUS Guidelines recommend gabapentin for neuropathic pain. The injured worker has continuously utilized the above medication for an unknown

duration. There is no documentation of objective functional improvement. There is also no frequency listed in the request. Given the above, the request is not medically necessary.

**Baclofen 10mg #90 with 5 refills:** Upheld

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

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

**Decision rationale:** The California MTUS Guidelines state muscle relaxants are recommended as non sedating second line options for short-term treatment of acute exacerbations. Efficacy appears to diminish over time and prolonged use may lead to dependence. There was no comprehensive physical examination provided for review. The guidelines do not support long-term use of muscle relaxants; therefore, the request for 5 additional refills is not medically appropriate. There is also no frequency listed in the request. Given the above, the request is not medically necessary.

**12 Lead Electrocardiogram (EKG):** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation <http://www.nlm.nih.gov/medlineplus/ency/article/003868.htm>, Electrocardiogram.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 61-62.

**Decision rationale:** The California MTUS Guidelines recommend cardiac monitoring with the use of methadone secondary to a possible adverse effect of QT prolongation with resultant serious arrhythmia. Patients utilizing methadone should be carefully monitored for cardiac hypertrophy and hypokalemia. While it is noted that the injured worker has continuously utilized methadone 5 mg, there were no signs and symptoms suggestive of a cardiovascular abnormality. The medical rationale for the requested EKG has not been established in this case. Therefore, the request is not medically appropriate.