

<b>Case Number:</b>	CM15-0077039		
<b>Date Assigned:</b>	04/28/2015	<b>Date of Injury:</b>	07/31/2003
<b>Decision Date:</b>	07/07/2015	<b>UR Denial Date:</b>	03/27/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/22/2015

### 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: Texas, Illinois

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

### CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This 49 year old man sustained an industrial injury on 7/31/2003. The mechanism of injury is not detailed. Diagnoses include failed back surgery syndrome, bilateral lower extremity radiculopathy, lumbar facet arthropathy, and rule out meralgia paresthetica. Treatment has included oral medications, surgical intervention, and psychiatric treatment. Physician notes dated 3/4/2015 show complaints of ongoing low back pain with radiation to the bilateral lower extremities. Recommendations include spinal cord stimulator trial and psychiatric clearance, stop Gabapentin, Methadone, Seroquel, Lorazepam, Ambien, urine drug screen, and follow up in two months.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Methadone 10mg #180:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Methadone Page(s): 86.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 78-88.

**Decision rationale:** The injured worker sustained a work related injury on 7/31/2003. The medical records provided indicate the diagnosis of failed back surgery syndrome, bilateral lower extremity radiculopathy, lumbar facet arthropathy, and rule out meralgia paresthetica. Treatment has included oral medications, surgical intervention, and psychiatric treatment. The medical records provided for review do not indicate a medical necessity for Methadone 10mg #180. The MTUS recommends the use of the lowest dose of opioids for the short term treatment of moderate to severe pain. The MTUS does not recommend the use of opioids for longer than 70 days in the treatment of chronic pain due to worsening adverse effects and lack of research in support of benefit. Also, the MTUS recommends that individuals on opioid maintenance treatment be monitored for analgesia (pain control), activities of daily living, adverse effects and aberrant behavior; the MTUS recommends discontinuation of opioid treatment if there is no documented evidence of overall improvement or if there is evidence of illegal activity or drug abuse or adverse effect with the opioid medication. The medical records indicate the injured worker's use of this medication predates 08/2014, but with no overall improvement. The injured worker is not working and is not well monitored for pain control. There is no evidence the pain and functional improvement are being compared with baseline values, as recommended by the MTUS when opioid is used for more than 6 months.

**Seroquel 100mg #30:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Mental Illness and Stress.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Mental Illness & Stress, Quetiapine (Seroquel).

**Decision rationale:** The injured worker sustained a work related injury on 7/31/2003. The medical records provided indicate the diagnosis of failed back surgery syndrome, bilateral lower extremity radiculopathy, lumbar facet arthropathy, and rule out meralgia paresthetica. Treatment has included oral medications, surgical intervention, and psychiatric treatment. The medical records provided for review do not indicate a medical necessity for Seroquel 100mg #30. Quetiapine (Seroquel) is an antipsychotic. The MTUS is silent on it; but the Official Disability Guidelines states, "Not recommended as a first-line treatment. There is insufficient evidence to recommend atypical antipsychotics (eg, quetiapine, risperidone) for conditions covered in ODG."

**Lorazepam 2mg #60:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines Page(s): 23.

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

**Decision rationale:** The injured worker sustained a work related injury on 7/31/2003. The medical records provided indicate the diagnosis of failed back surgery syndrome, bilateral lower extremity radiculopathy, lumbar facet arthropathy, and rule out meralgia paresthetica. Treatment has included oral medications, surgical intervention, and psychiatric treatment. The medical records provided for review do not indicate a medical necessity for Lorazepam 2mg #60. Lorazepam is a Benzodiazepine sedative hypnotic. The records indicate the injured worker's use of this medication predates 08/2014, but the MTUS recommends against using it for longer than 4 weeks.

**Ambien 10mg #30:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Mental Illness & Stress, Zolpidem (Ambien).

**Decision rationale:** The injured worker sustained a work related injury on 7/31/2003. The medical records provided indicate the diagnosis of failed back surgery syndrome, bilateral lower extremity radiculopathy, lumbar facet arthropathy, and rule out meralgia paresthetica. Treatment has included oral medications, surgical intervention, and psychiatric treatment. The medical records provided for review do not indicate a medical necessity for Ambien 10mg #30. Ambien a Non-Benzodiazepine sedative hypnotic. The records indicate the injured worker's use of this medication predates 08/2014, but Official Disability Guidelines recommends using it for longer than two to six weeks. The MTUS is silent on it.

**Urine toxicology screen:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Urine Drug Testing Page(s): 43.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines.

**Decision rationale:** The injured worker sustained a work related injury on 7/31/2003. The medical records provided indicate the diagnosis of failed back surgery syndrome, bilateral lower extremity radiculopathy, lumbar facet arthropathy, and rule out meralgia paresthetica. Treatment has included oral medications, surgical intervention, and psychiatric treatment. The medical records provided for review do indicate a medical necessity for Urine toxicology screen. The medical records indicate the injured worker is on treatment with methadone, the injured worker has histories of depression, polysubstance abuse; the injured worker had urine drug screen in 12/2014 and 03/2015. The MTUS recommends drug testing, using urine as option to monitor for illegal activity and aberrant behavior. Therefore the request is medically necessary.