

<b>Case Number:</b>	CM15-0096513		
<b>Date Assigned:</b>	05/26/2015	<b>Date of Injury:</b>	12/20/2008
<b>Decision Date:</b>	07/01/2015	<b>UR Denial Date:</b>	04/20/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/19/2015

### 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, Hawaii  
 Certification(s)/Specialty: Physical Medicine & Rehabilitation

### 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 42-year-old female, who sustained an industrial injury on 12/20/2008. The injured worker is currently working. The injured worker is currently diagnosed as having cervicalgia, chronic use of opiate drugs for therapeutic purposes, arthropathy of cervical facet joint, cervical degenerative disc disease, and brachial neuritis. Treatment and diagnostics to date has included 8 sessions of chiropractic treatment, injections, and medications. In a progress note dated 04/09/2015, the injured worker presented with complaints of neck pain and stiffness. Objective findings include neck tenderness with impaired range of motion. The treating physician reported requesting authorization for Methadone and Valium.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Methadone 5mg #240:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints, Chronic Pain Treatment Guidelines Methadone, Criteria for use of opioids, Weaning of medications.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-96.

**Decision rationale:** The patient presents with diagnoses of cervicalgia, chronic use of opiate drugs for therapeutic purposes, arthropathy of cervical facet joint, cervical degenerative disc disease and brachial neuritis. The patient currently complains of neck pain and stiffness. The current request is for Methadone 5mg #240. Methadone is an opioid medication. Methadone reduces withdrawal symptoms in people addicted to heroin or other narcotic drugs without causing the "high" associated with the drug addiction. The treating physician states on 4/9/15 (27B), Restarted Methadone HCl 5MG, 8 tablets. MTUS does recommend Methadone on page 93 for moderate to severe pain. The MTUS guidelines have specific requirements regarding the documentation of pain reduction and functional improvement that must be documented to continue opioid usage. Specifically pages 88 and 89 states, "Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." MTUS page 78 also requires documentation of the 4As (analgesia, ADLs, adverse side effects, and aberrant behavior), as well as "pain assessment" or outcome measures that include current pain, average pain, least pain, intensity of pain after taking the opioid, time it takes for medication to work and duration of pain relief. In this case, there is no discussion regarding analgesia or aberrant behaviors. Additionally, there is no documentation of a pain assessment or outcome measures that include current pain, average pain, least pain, intensity of pain after taking the opioid, time it takes for medication to work and duration of pain relief. MTUS guidelines require much more thorough documentation for ongoing opioid usage. The current request is not medically necessary and the patient should be slowly weaned per MTUS guidelines. Recommendation is for denial.

**Valium 10mg #30:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints, Chronic Pain Treatment Guidelines Benzodiazepines. Decision based on Non-MTUS Citation Official Disability Guidelines, Diazepam (Valium), Benzodiazepines.

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

**Decision rationale:** The patient presents with diagnoses of cervicalgia, chronic use of opiate drugs for therapeutic purposes, arthropathy of cervical facet joint, cervical degenerative disc disease and brachial neuritis. The patient currently complains of neck pain and stiffness. The current request is for Valium 10mg #30. Valium (diazepam) is a benzodiazepine (ben-zoe-dye-AZE-eh-peens). Diazepam affects chemicals in the brain that may become unbalanced and cause anxiety. The treating physician states on 4/9/15, (27B), Restarted Valium 10MG. MTUS guidelines state that 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. It is unclear exactly how long the patient has been prescribed Valium but minimally since 9/17/14 (25C). In this case, the medication is being used for long-term use, which is not recommended. The current request is not medically necessary and the recommendation is for denial.

