MAXIMUS Federal Services

Case Number:	CM14-0142114		
Date Assigned:	09/15/2014	Date of Injury:	07/19/2000
Decision Date:	10/15/2014	UR Denial Date:	08/22/2014
Priority:	Standard	Application Received:	09/03/2014

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 Physical Medicine and Rehabilitation and is licensed to practice in California. 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 53-year-old female, who has submitted a claim for lumbago, low back pain and myofascial pain syndrome associated with an industrial injury date of July 19, 2000.Medical records from 2000-2014 were reviewed, which showed that the patient complained of low back pain and weakness in the lower extremities. Physical examination of the left lower extremity showed scar, tenderness and atrophy of the quadriceps and knee muscles. Examination of the right lower extremity showed scar, tenderness and atrophy of the quadriceps and knee muscles. Examination of the pelvis revealed tenderness at the lumbar spine, facet joint with decreased flexion and extension. There was also noted tenderness at bilateral sacroiliac joint. Computed Tomography (CT) of the lumbar spine done on March 6, 2003 showed large, left paramedial epidural mass effect in the anterior aspect of the spinal canal at L4-L5. Lumbar myelogram done on March 6, 2013 showed high grade myelographic obstruction at L4-L5 level. MRI of the lumbar spine on March 6, 2003 showed epidural inflammation or abscess at L4 and L5 levels. MRI of the lumbar spine done on January 7, 2011 showed spondylosis. Electrodiagnostic studies done on January 13 2011, showed electrodiagnostic evidence of bilateral L5 and S1 radiculopathy.Treatment to date has included acupuncture, electrical stimulation, biofeedback, ibuprofen, Soma, Vicodin, Toradol, Oxycontin, trigger point injections, myofascial release, s/p laminectomy, Methadone, Roxicodone, Valium, Xanax, Cephalexin, Lasix, Potassium and Bactroban.Utilization review from August 22, 2014 denied the request for Methadone 10mg #360 because there was no functional improvement since the medication was started. In addition, the request for Xanax 0.5mg, #120 with 1 refill was also denied because it was not recommended for long-term use.

IMR ISSUES, DECISIONS AND RATIONALES

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

Methadone 10 mg, #360: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Methadone; Opioids for Chronic Pain; Weaning of Medications.

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

Decision rationale: As stated on pages 61-62 of CA MTUS Chronic Pain Medical Treatment Guidelines, Methadone is recommended as a second-line drug for moderate to severe pain if the potential benefit outweighs the risk. In this case, the patient has been on Methadone since 2011. Charts reviewed did not show any functional improvement and pain control since the patient was started on Methadone. Likewise, there was no pain contract stated prior to the start of medication. In addition, SAMSHA 2014 health advisory noted a rise in Methadone-associated mortality. Therefore, the request for Methadone 10mg #360 is not medically necessary.

Xanax 0.5mg, #120 with 1 refill: Upheld

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

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

Decision rationale: As stated on page 24 of CA MTUS Chronic Pain Medical Treatment Guidelines, benzodiazepines are not recommended for long-term use because long-term efficacy is unproven and there is a risk of dependence. CA MTUS limit the use of Benzodiazepine for 4 weeks. In this case, the patient has been on Benzodiazepine (Alprazolam) since 2011, which is beyond what the guideline recommends. In addition, long-term use may actually increase the anxiety of the patient and develop tolerance to its muscle relaxant effect. Records reviewed did not show any improvement in the ADLs of the patient. Therefore, the request for Xanax 0.5mg #120 with 1 refill is not medically necessary.