

Case Number:	CM13-0006321		
Date Assigned:	09/11/2013	Date of Injury:	07/31/2009
Decision Date:	03/28/2014	UR Denial Date:	07/23/2013
Priority:	Standard	Application Received:	08/02/2013

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 Internal Medicine and is licensed to practice in Virginia. 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:

This is a 47 year old female who had an injury July 31, 2009. Patient had been seeing [REDACTED], pain specialist since 2012. In his progress note from October 25 2012, [REDACTED] noted that increasing level of pain in her lower back, neck, hip, and left buttock. At this time, patient was on: Methadone 10 mg 1-1/2 tab tid, Flexeril 10mg po qhs, Norco 5/325 ever 4-6 hrs prn pain, Norco 50mg one tid. The patient saw [REDACTED] over multiple visits for pain related issues. On October 8, 2013, [REDACTED] saw the patient for back pain and buttock pain. He instructed her to take Methadone: A 1/2 tablet in the morning, afternoon and bedtime. Patient was also given Flexeril 10mg at bedtime, Lyrica 50mg bid. She had had urine drug testing which revealed patient was not abusing illicit substances. On Aug 19 2013, [REDACTED] saw the patient for back pain and numbness in her feet. He instructed her to take Methadone 15 mg every 6 hours , Flexeril 10mg at bedtime and Gabapentin 900mg tid. She had had urine drug testing which revealed patient was not abusing illicit substances On Jul 16 2013, [REDACTED] saw the patient for back pain and numbness in her feet. He instructed her to take Methadone, Flexeril and Lyrica. On June 11 2013, [REDACTED] saw the patient for back pain and numbness in her feet. He instructed her to take Methadone 15 mg every 6 hours , Flexeril 10mg at bedtime and Gabapentin 900mg tid.

IMR ISSUES, DECISIONS AND RATIONALES

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

Liver Function Test: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Medical Services Commission, Abnormal Liver Chemistry-Evaluation and Interpretation, Victoria(BC) British Columbia Medical services Commission; 2011 August 1, page 5 (14 references).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions Page(s): 392-393,Chronic Pain Treatment Guidelines Page(s): 21.

Decision rationale: This patient has no signs or symptoms of liver dysfunction. Per ACOEM, in Table 15-2 for "Red flags for potentially serious psychiatric conditions, elevated liver studies can be used to assess for signs of substance abuse, in addition to other factors in the medical history. In an asymptomatic patient, mild anomalies in liver testing are likely clinically irrelevant and not medically indicated.

Flexeril 10mg #30: 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): 41-42,60,64.

Decision rationale: Per MTUS, Flexeril can be used for a short course of therapy. Limited, mixed-evidence does not allow for a recommendation for chronic use. Cyclobenzaprine is a skeletal muscle relaxant and a central nervous system depressant with similar effects to tricyclic antidepressants (e.g. amitriptyline). Cyclobenzaprine is more effective than placebo in the management of back pain, although the effect is modest and comes at the price of adverse effects. It has a central mechanism of action, but it is not effective in treating spasticity from cerebral palsy or spinal cord disease. Cyclobenzaprine is associated with a number needed to treat of 3 at 2 weeks for symptom improvement. The greatest effect appears to be in the first 4 days of treatment. (Browning, 2001) (Kinkade, 2007) (Toth, 2004). Cyclobenzaprine has been shown to produce a modest benefit in treatment of fibromyalgia. Cyclobenzaprine-treated patients with fibromyalgia were 3 times more likely to report overall improvement and to report moderate reductions in individual symptoms (particularly sleep). A meta-analysis concluded that the number needed to treat for patients with fibromyalgia was 4.8. (ICSI, 2007) (Tofferi, 2004). Per clinical documentation, the patient was prescribed flexeril for over a year, a time period greater than that which is recommended by the MTUS of about 2 weeks of treatment. This is not clinically indicated.

Gabapentin 300mg #270: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Gabapentin(Neurotin®). .

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 16-17.

Decision rationale: Gabapentin is recommended for trial period of about 3-8 weeks for titration, then 1-2 weeks at maximum tolerated dosage. If inadequate control of pain is found, a switch to another first line therapy is recommended. This patient was on this medication for well over a year and there was no clinical improvement. It is not medically indicated.

Methadone 5mg #360: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Methadone (Dolophine®®, Metadose®®, oral dosage forms, generic avail.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 16-17.

Decision rationale: Methadone is an opiate. It is recommended as a second-line drug for moderate to severe pain if the potential benefit outweighs the risk. The FDA reports that they have received reports of severe morbidity and mortality with this medication. This appears, in part, secondary to the long half-life of the drug (8-59 hours). Pain relief on the other hand only lasts from 4-8 hours. Methadone should only be prescribed by providers experienced in using it. (Clinical Pharmacology, 2008) Pharmacokinetics: Genetic differences appear to influence how an individual will respond to this medication. Following oral administration, significantly different blood concentrations may be obtained. Vigilance is suggested in treatment initiation, conversion from another opioid to methadone, and when titrating the methadone dose. (Weschules 2008) (Fredheim 2008). There are also many adverse side effects of methadone. Delayed adverse effects may occur due to methadone accumulation during chronic administration. Systemic toxicity is more likely to occur in patients previously exposed to high doses of opioids. This may be related to tolerance that develops related to the N-methyl-D-aspartate (NMDA) receptor antagonist. Patients may respond to lower doses of methadone than would be expected based on this antagonism. One severe side effect is respiratory depression (which persists longer than the analgesic effect). Opiates should be discontinued if there is no improvement and weaning is recommended. There was no evidence for patient having any improvement in her symptoms while being on this medication for over a year and there was no change in her functional status. Therefore, it is not medically indicated.

Urine Drug Screen: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation University of Michigan Health System Guidelines for Clinical Care: Managing Chronic Non-terminal Pain, Including Prescribing Controlled Substances, May 2009, page 32.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 88, 89, 93 and 94..

Decision rationale: As per MTUS guidelines, Urine drug testing should be done 2 times per year and the frequency can be increased if there are signs of abuse or addiction. Indicators and

predictors of possible misuse of controlled substances and/or addiction. Per clinical chart review, there was no evidence of this. During the year 2013, the patient had more than two urine drug tests since January 2013. Additional testing was not warranted nor medically indicated.