

Case Number:	CM13-0018473		
Date Assigned:	12/04/2013	Date of Injury:	05/31/2000
Decision Date:	01/24/2014	UR Denial Date:	08/22/2013
Priority:	Standard	Application Received:	08/29/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Anesthesiology, has a subspecialty in Pain Management and is licensed to practice in Florida. 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 physician 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 43-year-old male who reported a work related injury on 05/31/2000. His diagnoses include disc displacement, spondylolisthesis, ilio-spinous ligament strain, and lumbosacral sprain. The patient has complaints of chronic low back pain. His medications include fentanyl, Soma, methadone, Lortab, Cymbalta, trazodone, tramadol, and diclofenac.

IMR ISSUES, DECISIONS AND RATIONALES

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

Methadone 10 mg, QTY: 180: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational & Environment Medicine; Official Disability Guidelines; and Goodman and Gillman's The Pharmacological Basis of Therapeutics, 11th ed. McGraw Hill, 2006

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, On-going management Page(s): 78.

Decision rationale: Recent clinical documentation submitted for review stated the patient complained of his back feeling like it had been broken and the pain was unbearable. The patient requested a Toradol injection and stated that he needed a refill of his pain medications. Refills for the patient's methadone, fentanyl patches, Soma, and Lortab were given and the patient also

received a Toradol injection of 60 mg to the right gluteus. Physical exam revealed tenderness over the right sacroiliac joint radiating down to the sciatic notch and posterior and lateral side of the right leg. The patient had 4/5 strength of the quads and the biceps femoris, and quadriceps on the right leg. Reflexes were noted as 2+ to the patella. California Chronic Pain Medical Treatment Guidelines indicate that methadone is an opioid recommended for moderate to severe pain. Guidelines indicate an ongoing review of documentation of pain relief, functional status, appropriate medication use, and side effects should be documented for patients on opioids for pain management. There was no pain assessment noted for the patient in the submitted documentation. There is a lack of functional benefits noted for the patient which could be objectively measured due to the use of methadone. A satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. There was a lack of documentation giving evidence of the patient's satisfactory response to treatment. As such, the request for methadone 10 mg, quantity 180 is non-certified.

Lortab 10-325 mg; QTY 180: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational & Environment Medicine; Official Disability Guidelines; and Goodman and Gillman's The Pharmacological Basis of Therapeutics, 11th ed. McGraw Hill, 2006

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, On-going management Page(s): 78.

Decision rationale: Recent clinical documentation submitted for review stated the patient complained of low back pain and stated is felt like his back had been broken and at times the pain was unbearable. Discrepancies were noted when reviewing the patient's CT myelogram. Refills were given of the patient's pain medications and the patient received a Toradol injection of 60 mg to the right gluteus. California Medical Treatment Guidelines for Chronic Pain indicate an ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects should be noted for patients taking opioids for pain management. A pain assessment should include the patient's current pain, how long it takes for pain relief, and pain relief while on medications. There is a lack of documentation evidence noted of the patient's satisfactory response to treatment which may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. There were no functional benefits or improvements noted for the patient due to taking the medication Lortab. Therefore, the request for Lortab 10/325 mg, quantity 180 is non-certified.

Fentanyl Patches 25 mcg/hr every 72 hours: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational & Environment Medicine; Official Disability Guidelines; and Goodman and Gillman's The Pharmacological Basis of Therapeutics, 11th ed. McGraw Hill, 2006

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Fentanyl transdermal Page(s): 93.

Decision rationale: California Chronic Pain Medical Treatment Guidelines indicate that fentanyl transdermal is indicated for management of persistent chronic pain and for pain which cannot be managed by other means. Guidelines further state that fentanyl patches should only be used in patients who are currently on opioid therapy for which tolerance has developed. There is a lack of documentation submitted which gave evidence the patient had developed a tolerance to opioid therapy. There was also a lack of evidence stating the patient's pain could not be managed by other means. There was no satisfactory response to treatment which would be indicated by the patient's decreased pain, increased level of function, or improved quality of life. As such, the request for fentanyl patches 25 mcg/hour every 72 hours is non-certified.

Soma (no dose or amount given): Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational & Environment Medicine; Official Disability Guidelines; and Goodman and Gillman's The Pharmacological Basis of Therapeutics, 11th ed. McGraw Hill, 2006

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Carisoprodol Page(s): 29.

Decision rationale: The clinical note dated 07/31/2013 stated the patient had complaints of chronic low back pain. Tenderness to palpation was noted over the right sacroiliac joint radiating down to the sciatic notch and posterior and lateral side of the right leg. Some atrophy of the musculature of the lumbar spine was noted. The patient had restricted range of motion to his lumbar spine. California Chronic Pain Medical Treatment Guidelines indicate that Soma or Carisoprodol is not indicated for long-term use. Guidelines state abuse has been noted for sedative and relaxant effects. There was no documentation stating how long the patient had been taking Carisoprodol. Furthermore, no dose or amount was noted in the request for Soma. Therefore, the decision for Soma (no dose or amount given) is non-certified.