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| <b>Case Number:</b>   | CM13-0039181 |                              |            |
| <b>Date Assigned:</b> | 12/18/2013   | <b>Date of Injury:</b>       | 03/26/1999 |
| <b>Decision Date:</b> | 03/26/2014   | <b>UR Denial Date:</b>       | 09/03/2013 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 10/03/2013 |

### 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 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 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.

### 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 51-year old gentleman with a date of injury of 3/26/99. The patient has a history of back injury caused while pushing a 4,000 pound roll of metal sheeting. He has chronic pain and has been getting treatment for diagnoses of lumbar spondylosis, cervical spondylosis, lumbar degenerative disc disease and lumbar radiculopathy. There is no report of prior surgery, and it does appear that this patient has chronic non-malignant pain. He has been on chronic opioids, including MS IR and Methadone. He is also on Lyrica, Mobic, and Cymbalta. The patient is not working. UDS has been done, but date and results are not reported in submitted clinic notes. A pain agreement is signed and in place. CURES is appropriate. He has a spinal cord stimulator, but is having problems with it. This was submitted to Utilization Review on 8/29/13. The UR doctor noted that there are escalating doses of opioids, and that the patient has not returned to work. He could not find the date of the last UDS. The UR physician also did not find evidence of functional improvement. As of such, certification was not recommended.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**MS IR 15 mg:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 76-80.

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

**Decision rationale:** Guidelines do not support use of chronic opioid pain medications for non-malignant pain. For patients with chronic back pain, efficacy is limited to short-term relief only. Long-term efficacy of greater than 16 weeks is unclear. It does appear that this patient is monitored via UDS and a pain contract is in place, but date and results of the last UDS are not discussed. There is no clear evidence of functional benefit of opioid use, keeping the patient at work, as this patient is off work. None of the submitted reports reflect intention to wean this medication. Continued use of a medication because a patient has developed iatrogenic dependency is not appropriate justification for use. Chronic use is not standard of care or guideline supported. While clearly this medication should be weaned, medical necessity for chronic use is not substantiated.

**Methadone 10 mg, #150:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 76-80.

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

**Decision rationale:** Guidelines do not support use of chronic opioid pain medications for non-malignant pain. For patients with chronic back pain, efficacy is limited to short-term relief only. Long-term efficacy of greater than 16 weeks is unclear. It does appear that this patient is monitored via UDS and a pain contract is in place, but date and results of the last UDS are not discussed. There is no clear evidence of functional benefit of opioid use, keeping the patient at work, as this patient is off work. None of the submitted reports reflect intention to wean this medication. Continued use of a medication because a patient has developed iatrogenic dependency is not appropriate justification for use. Chronic use is not standard of care or guideline supported. While clearly this medication should be weaned, medical necessity for chronic use is not substantiated.