

Case Number:	CM13-0050144		
Date Assigned:	05/21/2014	Date of Injury:	05/22/2000
Decision Date:	06/13/2014	UR Denial Date:	11/06/2013
Priority:	Standard	Application Received:	11/11/2013

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 Anesthesia, has a subspecialty in Acupuncture and Pain Medicine 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 claimant is a 56 year old male injured worker with date of injury 5/22/00 with related chronic low back pain and lower extremity pain. Per 4/10/14 progress report, the injured worker's pain was reported at 5/10. Per 10/15/13 progress report, objective findings included sciatic notch tenderness bilaterally, worse on the right, focal tenderness over the facets with positive facet provocation, tenderness to palpation over sacroiliac joints bilaterally, positive straight leg raise on the right, sensory deficit in the right lower extremity to light touch, thermal, and vibratory sensation over dermatomes L4 and L5, slight motor weakness in right ankle dorsiflexion, right knee, and right hip flexor, paraspinous muscle spasms in lumbar region, absent ankle reflexes and absent right patellar reflexes, and decreased lumbar spine motion with pain in flexion and extension movements. Imaging studies were not included in the documentation submitted for review. He has been treated with physical therapy, epidural steroid injections, and medication management. The date of UR decision was 11/5/13.

IMR ISSUES, DECISIONS AND RATIONALES

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

METHADONE 10MG #180: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Methadone, Opioids, Page(s): 61, 78.

Decision rationale: With regard to methadone, the MTUS CPMTG states: "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." Per MTUS Chronic Pain Medical Treatment Guidelines page 78 regarding on-going management of opioids "Four domains have been proposed as most relevant for ongoing monitoring of chronic pain patients on opioids: Pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant (or nonadherent) drug related behaviors. These domains have been summarized as the '4 A's' (Analgesia, activities of daily living, adverse side effects, and any aberrant drug-taking behaviors). The monitoring of these outcomes over time should affect therapeutic decisions and provide a framework for documentation of the clinical use of these controlled drugs." Review of the available medical records reveal documentation to support the medical necessity of methadone. In the time between the 11/8/13 progress report and the following 12/9/13 progress report, the injured worker was prescribed methadone and oxymorphone. Between these reports, the injured worker's pain reduced from 8/10 to 5-6/10. Functional status was noted to have improved; substantial reduction in baseline pain had a positive effect on his general function and activities of daily living. The records indicate that the injured worker has been undergoing periodic urine toxicology screens, however their results are not included in the documentation submitted for review. I respectfully disagree with the UR physician's assertion that exceeding the morphine equivalent dosage is grounds for denial. The MTUS states that it may be exceeded under the supervision of a pain management specialist, which is the case in this context. The request for Methadone is medically necessary.

GABAPENTIN 300MG: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antiepilepsy Drugs Page(s): 16, 18.

Decision rationale: Per MTUS CPMTG, "Gabapentin (Neurontin) has been shown to be effective for treatment of diabetic painful neuropathy and postherpetic neuralgia and has been considered as a first-line treatment for neuropathic pain." Per MTUS CPMTG page 17, "After initiation of treatment there should be documentation of pain relief and improvement in function as well as documentation of side effects incurred with use. The continued use of AEDs depends on improved outcomes versus tolerability of adverse effects." The documentation submitted for review supports the on-going use of gabapentin for the injured worker's neuropathic pain, however, as the request does not contain quantity information, the request for Gabapentin 300 mg is not medically necessary.

