

<b>Case Number:</b>	CM13-0065980		
<b>Date Assigned:</b>	01/03/2014	<b>Date of Injury:</b>	12/21/2006
<b>Decision Date:</b>	05/27/2014	<b>UR Denial Date:</b>	12/03/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/16/2013

### 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 Anesthesiology, has a subspecialty in Pain Management 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 an employee of [REDACTED] and has submitted a claim for lumbar post laminectomy syndrome associated with an industrial injury on December 21, 2006. Treatment to date includes oral analgesics and muscle relaxants, physical therapy, spinal cord stimulator, TENS, home exercise program, lumbar spine surgeries, and lumbar epidural steroid injections. Utilization review dated December 3, 2013 denied requests for Methadone 5mg and Percocet 10/325 due to inconsistencies in patient's drug use, abuse/dependency to Norco, and documented misuse of opioids based on urinalysis; and Celebrex 200mg due to prolonged use without much improvement of condition. Medical records from 2011 to 2013 were reviewed and showed intractable cervical and lumbar pain radiating to the right arm and left leg, graded 8/10. There is numbness and tingling in the fourth and fifth fingers and the right lower extremity. Pain is improved with pain medications, rest, ice and heat application, and TENS. Examination of the lumbar spine revealed tenderness and tightness across the lumbosacral area with 50% decrease in range of motion in all planes. Straight leg raise test is positive bilaterally. Prescribed medications include Lyrica 300mg in the morning and 600mg in the evening, Percocet 10/325mg 2 tablets TID, Cymbalta 30mg BID, Skelaxin 800mg BID PRN and Celebrex 100mg BID, methadone 5mg qhs, Flexeril 10mg TID, MS Contin 50mg. The patient reports sleeplessness from Lyrica and an unspecified adverse effect from methadone. The patient has a history of polysubstance dependence noted on April 28, 2011 reportedly due to excessive prescription requests for narcotic pain management medications. The patient has been taking opioids as far back as 2011.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**METHADONE 5 MG # 30:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids for chronic pain.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 61-62; 78-80.

**Decision rationale:** According to CA MTUS Chronic Pain Medical Treatment Guidelines page 78, ongoing opioid treatment should include monitoring of analgesia, activities of daily living, adverse side effects, and aberrant drug-taking behaviors; these outcomes over time should affect the therapeutic decisions for continuation. The California MTUS on pages 61-62 also indicate that methadone is recommended as a second line drug for moderate to severe pain if the potential benefit outweighs the risk. Page 80 states that opioids should be discontinued when the patient is requesting opioid medications for their pain and inconsistencies are identified in the history, presentation, behaviors or physical findings. In this case, the patient has been taking methadone since June 2013, however, the benefits conferred by the use of methadone such as decreased pain scores or functional improvement in terms of increased activities of daily living were not indicated in the progress notes. Furthermore, a progress report on August 20, 2013 showed discrepancies with the patient's history and urine drug screen. The patient denies use of any opioid, oxycodone or DHC while the urine drug screen result proves otherwise. Therefore, the request for methadone 5mg #30 is not medically necessary.

**CELBREX 200 MG 1 PRESCRIPTION:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDSs (Non-Steroidal Anit-Inflammatory Drugs).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 67-68.

**Decision rationale:** Celebrex is the brandname for celecoxib, a COX-2 selective inhibitor. As stated on pages 67-68 of the California MTUS Chronic Pain Medical Treatment Guidelines, NSAIDS are recommended as an option for short-term symptomatic relief for chronic low back pain. In this case, the patient has been using Celebrex since November 2012 taken once to twice daily for pain but without much functional improvements. Long-term use is not recommended specially with little functional benefit conferred. There is no discussion concerning the need for variance from the guidelines. Moreover, the request did not specify the amount of medication to dispense. Therefore, the request for Celebrex 200mg 1 prescription is not medically necessary.

**PERCOCET 10/325 1 PRESCRIPTION:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Specific drug list.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 78-80.

**Decision rationale:** According to CA MTUS Chronic Pain Medical Treatment Guidelines page 78, ongoing opioid treatment should include monitoring of analgesia, activities of daily living, adverse side effects, and aberrant drug-taking behaviors; these outcomes over time should affect the therapeutic decisions for continuation. Page 80 states that opioids should be discontinued when the patient is requesting opioid medications for their pain and inconsistencies are identified in the history, presentation, behaviors or physical findings. In this case, the patient has been taking Percocet as far back as July 2013, however, most recent progress reports did not show benefits conferred by the use of Percocet such as decreased pain scores or functional improvement in terms of increased activities of daily living. Furthermore, a progress report on August 20, 2013 showed discrepancies with the patient's history and urine drug screen. The patient denies use of any opioid, oxycodone or DHC while the urine drug screen result proves otherwise. Moreover, the request did not specify the amount of medication to dispense. Therefore, the request for Percocet 10/325mg 1 prescription is not medically necessary.