

<b>Case Number:</b>	CM14-0004658		
<b>Date Assigned:</b>	02/05/2014	<b>Date of Injury:</b>	11/29/1996
<b>Decision Date:</b>	06/20/2014	<b>UR Denial Date:</b>	01/03/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/10/2014

### 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 Occupational 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 patient is a 61-year-old male who has submitted a claim for chronic lumbar discogenic pain, status post lumbar fusion with postlaminectomy syndrome, and chronic neuropathic pain; associated from an industrial injury date of 11/29/1996. Medical records from 12/10/2012 to 01/03/2014 were reviewed showing that patient complained of chronic low back pain, graded 5/10, radiating to both lower extremities, associated with nighttime spasms and poor sleep. He also complained of worsening recurrent paresthesias in his lower extremities. He is able to care for himself, can ambulate without an assistive device, and can walk up to three blocks without stopping. Physical examination showed loss of lumbar lordosis with mild pelvic asymmetry, bilateral mid and lower lumbar paraspinal tenderness with +1 spasm, with trigger points over the pelvic area; forward flexion was 30 degrees, extension 5 degrees with pain at end range, lateral bending was 10 degrees. Straight leg raise (sitting position) is 80 degrees bilaterally. Manual testing was normal at the hips, knees and ankles. Sensation is intact to light touch, with hyperesthesia over the dorsum of both feet. Treatment to date has included methadone, hydrocodone, gabapentin, ibuprofen, baclofen, Motrin, Norco, Xylocaine injection, TENS, and laminectomy and lumbar fusion. Utilization review from 01/03/2013 modified the request for Methadone 10mg #120 to Methadone 10mg #45 to allow for continuation of weaning of Methadone; and modified the request for Ibuprofen 400mg to Ibuprofen 400mg #60 to provide the needed pain relief while patient was being weaned from methadone.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**METHADONE 10MG #120:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 79-81.

**Decision rationale:** As stated on pages 79-81 of CA MTUS Chronic Pain Medical Treatment Guidelines, opioids for chronic back pain appears to be efficacious but limited for short-term pain relief, and long-term efficacy is unclear (>16 weeks), but also appears limited. Failure to respond to a time-limited course of opioids has led the suggestion of reassessment and consideration of alternative therapy. Weaning should occur as a slow taper, if there is no overall improvement in function. In this case, medical records submitted show that the patient has been on Methadone since December 2012. There has been no documentation of overall improvement in function and pain relief. Possible occurrence of adverse effects was likewise not documented. As stated above, a reassessment should be done regarding alternative treatment or possible weaning from opioid therapy. CA MTUS requires clear and concise documentation for continuing opioid management. Therefore, the request for Methadone 10mg #120 is not medically necessary.

**IBUPROFEN 400MG:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 72.

**Decision rationale:** As stated on page 72 of CA MTUS Chronic Pain Medical Treatment Guidelines, Ibuprofen can be taken for mild to moderate pain as 400 mg PO every 4-6 hours as needed. In this case, medical records submitted show that the patient has been taking Ibuprofen since December 2012. However, the request failed to specify the quantity to be dispensed. The request is incomplete, therefore, the request for Ibuprofen 400mg is not medically necessary.