MAXIMUS Federal Services

Case Number:	CM14-0007624		
Date Assigned:	02/10/2014	Date of Injury:	03/28/2007
Decision Date:	06/24/2014	UR Denial Date:	01/07/2014
Priority:	Standard	Application Received:	01/21/2014

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 Orthopedic Surgery 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 injured worker is a 30-year-old male with a date of injury of March 28, 2007. The mechanism of injury is not disclosed. A progress note dated December 20, 2013 is provided for review in support of this request for the noted medication on December 20, 2013. The encounter note indicates that the injured worker presents for reevaluation for bilateral low back pain with radiation into the bilateral posterior thighs. The injured worker reports that he lost his prescription would like to obtain a new prescription. October 21, 2013 urine drug screen results were reviewed which were consistent. The current medications include temazepam, methadone, and oxycodone. Prior medications included Opana ER, Percocet, Norco, this sort, Opana IR, and Kapidex. The physical examination reveals a five foot, ten inch tall individual weighing 203 pounds. Lumbar range of motion is restricted in all directions, by pain. Discogenic provocative maneuvers were positive. Lumbar muscle spasms are noted. Sacroiliac provocative maneuvers were negative bilaterally except a positive Gaenslen's and Patrick's maneuvers were noted on the right. A positive straight leg raise is noted bilaterally, the remainder of nerve root tension signs were negative. Reflexes were symmetrical bilaterally. Clonus, Babinski, and Hoffman's signs were absent. Muscle strength is 4+/5 in the left peroneal, tibialis anterior, and left quadriceps, and 5/5 in the right lower extremity. Sensation is reduced to touch in the bilateral L5 dermatome. Diagnoses include radiculopathy, and lower extremity weakness of the L5-S1, and L4-L5 levels, a paracentral L5-S1 disc protrusion, displacing the left S1 nerve root, a broad-based central focal disc protrusion at L4-L5 causing central stenosis, D LDD, lumbar facet joint arthropathy, lumbar strain, and gastrointestinal bleed and upset secondary to NSAID use. The treatment recommendation is for continued pharmacotherapy with methadone 10 mg, 3 tablets every 8 hours as needed for pain #270 with 0 refills, and oxycodone 15 mg, 1 tablet once daily as needed

for breakthrough pain #30 with no refills. A prior review of this request resulted in a decision for recommendation for non-certification on January 7, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

METHADONE 10MG, #270: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: CHRONIC PAIN MEDICAL TREATMENT GUIDELINES, OPIOIDS, ONGOING MANAGEMENT,

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. §§9792.20 - 9792.26; MTUS (Effective July 18, 2009) Page(s): 61-62, 78.

Decision rationale: Official Disability Guidelines (ODG) Guidelines support methadone use in very select clinical settings as a 2nd line drug for moderate to severe pain when the potential benefit outweighs the risk. The guidelines recommend that 40 mg methadone tablets be avoided for non-malignant chronic pain, as this product is only FDA approved for detoxification and maintenance of narcotic addiction. Additionally, the guidelines do not recommend the use of medications that have a combined morphine equivalent dose (MED) greater than 120mg. The morphine equivalent dose of the methadone dosing alone is 1080mg MED per day. If only one of the oxycodone were utilized for breakthrough pain, in addition to this methadone dose of up to 90mg daily, the combined morphine equivalent dose (MED) would be 1102.5mg. When noting that this injured worker also reports that his prescription was stolen and there is no other clinical documentation of further evaluation or concern for addiction, dependence, or abuse, other than a review of a urine drug screen 2 months prior, there are multiple reasons that this request should be recommended for non-certification. Based on the clinical data available, and the clinical documentation of the use of this medication outside of the guideline recommendations in terms of morphine equivalent dose (MED), and monitoring for abuse, this request is recommended for non-certification. When noting that this is a retrospective review, weaning should not be necessary. The request for Methadone 10mg, #270 is not medically necessary and appropriate.

OXYCODONE 15MG, #30: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: CHRONIC PAIN MEDICAL TREATMENT GUIDELINES, OPIOIDS, ONGOING MANAGEMENT,

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. §§9792.20 - 9792.26; MTUS (Effective July 18, 2009) Page(s): 61-62, 78.

Decision rationale: Official Disability Guidelines (ODG) Guidelines support methadone use in very select clinical settings as a 2nd line drug for moderate to severe pain when the potential benefit outweighs the risk. The guidelines do not recommend the use of medications that have a combined morphine equivalent dose (MED) greater than 120mg. The MED of the methadone in

conjunction with the oxycodone prescribed is 1102.5mg, if the oxycodone were used only once daily for breakthrough pain. When noting that extremely high abuse potential, and that this injured worker also reported that his prescription was stolen, and there is no other clinical documentation of further investigation or clinical concern for addiction, dependence, or abuse, other than a review of a urine drug screen obtained 2 months prior, the medical necessity of this medication cannot be established, it is being used outside of the guideline recommendations for nonmalignant pain. Based on the clinical data available, and the clinical documentation of the use of this medication outside of the guideline recommendations, this request is recommended for non-certification. When noting that this is a retrospective review, weaning should not be necessary. The request for Oxycodone 15mg, #30 is not medically necessary and appropriate.