

<b>Case Number:</b>	CM14-0103140		
<b>Date Assigned:</b>	07/30/2014	<b>Date of Injury:</b>	01/03/2002
<b>Decision Date:</b>	08/29/2014	<b>UR Denial Date:</b>	06/27/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/03/2014

### 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 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 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:

According to the records made available for review, this is a 68-year-old male with a 01/03/02 date of injury and status post lumbar fusion with hardware removal in 2003. At the time 5/27/14 of request for authorization for Methadone 5mg QTY 360 and Naproxen 500 mg QTY 60, there is documentation of subjective chronic severe low back pain radiating to the bilateral lower extremities and objective diffuse facet tenderness along the lumbar spine and decreased sensation over the L5 and S1 dermatomes findings. The current diagnoses are lumbar post-laminectomy syndrome, chronic pain syndrome, and degeneration of lumbar intervertebral disc. The treatments to date are Methadone and Naproxen since at least 11/18/13. In addition, medical report identifies the patient's pain level and functionality has remained the same; the patient has failed other opiates and is stable on Methadone; benefits and side effects of Methadone were discussed; and there is a signed narcotic agreement. Regarding Methadone 5mg QTY 360 and Naproxen 500 mg QTY 60, there is no documentation of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications as a result of use of Naproxen and Methadone.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Methadone 5mg QTY 360:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Methadone; Opioids Page(s): 61-62, 74-80.

**Decision rationale:** The MTUS Chronic Pain Medical Treatment Guidelines identifies documentation of Methadone used as a second-line drug for moderate to severe pain if the potential benefit outweighs the risk, and that Methadone is being prescribed by providers with experience in using it, as criteria necessary to support the medical necessity of Methadone. In addition, MTUS Chronic Pain Medical Treatment Guidelines necessitate documentation that the prescriptions are from a single practitioner and are taken as directed; the lowest possible dose is being prescribed; and there will be ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects, as criteria necessary to support the medical necessity of opioids. MTUS-Definitions identifies that any treatment intervention should not be continued in the absence of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services. Within the medical information available for review, there is documentation of diagnoses of lumbar post-laminectomy syndrome, chronic pain syndrome, and degeneration of lumbar intervertebral disc. In addition, there is documentation of Methadone used as a second-line drug for moderate to severe pain, the potential benefit outweighs the risk, and that Methadone is being prescribed by providers with experience in using it. In addition, given documentation of a signed narcotic agreement, there is documentation that the prescriptions are from a single practitioner and are taken as directed; the lowest possible dose is being prescribed; and there will be ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. However, given documentation of ongoing treatment with Methadone and that the patient's pain level and functionality have remained the same; there is no documentation of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications as a result of use of Methadone. Therefore, based on guidelines and a review of the evidence, the request for Methadone 5mg QTY 360 is not medically necessary.

**Naproxen 500 mg QTY 60:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS Page(s): 66.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory drugs) Page(s): 67-68.

**Decision rationale:** The MTUS Chronic Pain Medical Treatment Guidelines identifies documentation of moderate to severe osteoarthritis pain, acute low back pain, chronic low back pain, or exacerbations of chronic pain, as criteria necessary to support the medical necessity of NSAIDs. MTUS-Definitions identifies that any treatment intervention should not be continued in the absence of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services. Within the medical information available for review, there is documentation of diagnoses of lumbar post-laminectomy syndrome, chronic pain syndrome, and degeneration of lumbar intervertebral disc.

In addition, there is documentation of chronic low back pain. However, given documentation of ongoing treatment with Naproxen and that the patient's pain level and functionality have remained the same; there is no documentation of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications as a result of use of Naproxen. Therefore, based on guidelines and a review of the evidence, the request for Naproxen 500 mg QTY 60 is not medically necessary.