

<b>Case Number:</b>	CM14-0010004		
<b>Date Assigned:</b>	02/21/2014	<b>Date of Injury:</b>	05/15/2009
<b>Decision Date:</b>	06/25/2014	<b>UR Denial Date:</b>	12/24/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/24/2014

### 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 Anesthesiology, has a subspecialty in Pain Medicine, and is licensed to practice in California and Nevada. 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 28 year old female injured on ay 15, 2009 when she fell from a step ladder landing on her right side. Current diagnoses include cervical/thoracic/rotator cuff strain and lumbar disc disorder at L5-S1, and chronic pain syndrome. The documentation indicates the injured worker's Norco dosages escalated to greater than ten to twelve tablets per day. During the injured worker's pregnancy, she was admitted to an inpatient perinatal narcotic program prior to the birth of the infant with initiation of Methadone 70mg to prevent withdrawal symptoms on March 20, 2013. Due to psychosocial factors, the injured worker requested discharge from the treatment program following birth of the infant. The infant remained in the Neonatal Intensive Care Unit (NICU) for approximately 20 days. The clinical documentation dated June 26, 2013 indicates an attempt to decrease Methadone dose by two tablets per week; however, the injured worker was unsuccessful due to increased pain levels. Additional documentation indicates further issues with Drug Enforcement Agency (DEA) investigation resulting in medication confiscation. The injured worker became involved in personal outpatient narcotics counseling. The clinical note dated January 7, 2014 indicates the injured worker continued to complain of low back pain rated at 6/10 with radiation to bilateral lower extremities. The injured worker reports the medications were helping and requested assistance with weaning her from Methadone. The dose of Methadone remained at 70mg. The clinical note dated January 20, 2014 indicated the injured worker reported an increase in pain and decrease in sleep pattern. The injured worker rated her low back pain at 7/10 with radiation to the bilateral lower extremities. The initial request for 1 subacute 21 day inpatient substance abuse detox program was modified to a four day inpatient substance abuse detox program. The initial request for one intensive thrity day outpatient rehab program was modified to one chemical dependancy assessment/evaluation. The request for Cyclobenzaprine 7.5mg and Pantoprazole Sodium DR

20mg were non-certified. The request for Methadone HCL 10mg was modified to 1 prescription of Methadone HCL 10mg #49 between December 9, 2013 and February 8, 2014 on December 24, 2013.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

#### **ONE SUBACUTE 21 DAY INPATIENT SUBSTANCE ABUSE DETOX PROGRAM:**

Overtured

**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., DETOXIFICATION,

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Detoxification Page(s): 42.

**Decision rationale:** According to the Chronic Pain Medical Treatment Guidelines, detoxification may be necessary due to intolerable side effects, lack of response, aberrant drug behaviors as related to abuse and dependance, refractory comorbid psychiatric illness, or a lack of functional improvement. Gradual weaning is recommended for long term opioid users because opioids cannot be abruptly discontinued without probable risk of withdrawal symptoms. The injured worker has demonstrated obvious signs of addictive behavior and intolerance to weaning. The injured worker has previously been admitted to inpatient detox through the perinatal narcotics treatment center and was unable to participate due to psychosocial influences. It is evident through obvious attempts that this injured worker will have limited success in the outpatient setting. The request for one subacute 21-day inpatient substance abuse detox program is medically necessary and appropriate.

#### **ONE INTENSIVE 30 DAY OUTPATIENT REHAB PROGRAM:** Overtured

**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., DETOXIFICATION,

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Detoxification Page(s): 42.

**Decision rationale:** Chronic Pain Medical Treatment Guidelines, detoxification may be necessary due to intolerable side effects, lack of response, aberrant drug behaviors as related to abuse and dependance, refractory comorbid psychiatric illness, or a lack of functional improvement. Gradual weaning is recommended for long term opioid users because opioids cannot be abruptly discontinued without probable risk of withdrawal symptoms. The injured worker has demonstrated obvious signs of addictive behavior and intolerance to weaning. The injured worker has previously been admitted to inpatient detox through the perinatal narcotics treatment center and was unable to participate due to psychosocial influences. It is evident

through obvious attempts that this injured worker will have limited success in the outpatient setting without significant assistance. The request for one intensive thirty day outpatient rehabilitation program is medically necessary and appropriate.

**CYCLOBENZAPRINE 7.5MG:** Overturned

**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., CYCLOBENZAPRINE (FLEXERIL®),

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine Page(s): 41.

**Decision rationale:** According to the Chronic Pain Medical Treatment Guidelines, Cyclobenzaprine is recommended as a second-line option for short-term (less than two weeks) treatment of acute low back pain and for short-term treatment of acute exacerbations in patients with chronic low back pain. However, this case requires assistance with tapering of all medications during the detoxification stages. The request for cyclobenzaprine 7.5mg is medically necessary and appropriate.

**METHADONE HCL 10MG:** Overturned

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Criteria for Use Page(s): 77.

**Decision rationale:** According to the Chronic Pain Medical Treatment Guidelines, patients must demonstrate functional improvement in addition to appropriate documentation of ongoing pain relief to warrant the continued use of narcotic medications. However, this case requires assistance with tapering of all medications during the detoxification stages. The request for methadone HCL 10mg is medically necessary and appropriate.

**PANTOPRAZOLE SODIUM DR 20MG:** 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., NSAIDS, GI SYMPTOMS & CARDIOVASCULAR RISK,

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter, Proton Pump Inhibitors

**Decision rationale:** According to the Official Disability Guidelines, proton pump inhibitors are indicated for patients at intermediate and high risk for gastrointestinal events with concurrent use

of non-steroidal anti-inflammatory drug use. High dose, long-term narcotic use is considered an indication for utilization of proton pump inhibitors. The request for Pantoprazole Sodium DR 20 mgis not medically necessary or appropriate.