

Case Number:	CM14-0013682		
Date Assigned:	02/26/2014	Date of Injury:	09/05/2006
Decision Date:	08/07/2014	UR Denial Date:	01/10/2014
Priority:	Standard	Application Received:	02/03/2014

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 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:

This is a 53-year-old male with a 9/5/06 date of injury. He hurt his lower back while getting out of a chair. On 10/31/13, the patient had low back pain with bilateral leg pain that radiated into the calves of both legs. His pain is a 7/10. He complains of difficulty with sleep due to pain. Objective exam shows cervical pain and right side pain. On 1/31/14, it was noted that the patient is stable on his current medications. Diagnostic Impression is Lumbago, Post-laminectomy Syndrome, Cervicalgia. Treatment to date: Stimulator removal 4/13, revision laminotomy, Pain Stimulator implantation 10/11, physical therapy, lumbar fusion, chiropractic care, medication management. A UR decision dated 1/10/14 denied the request. Methadone was modified from #60 to #45. Baclofen was denied, Duexis was denied, and Hydromorphone was modified from #120 to #90 to initiate weaning. Methadone was denied because there was no discussion of failed first-line opiate therapy or functional improvement. Baclofen was denied because Zanaflex was approved and there is insufficient documentation to support two muscle relaxants. Duexis was denied because it is not a first-line drug, and there is no documentation of failure of first-line therapy. Hydromorphone was denied due to no documentation of functional improvement.

IMR ISSUES, DECISIONS AND RATIONALES

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

METHADONE 10 MG QTY: 60.00: Upheld

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

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

Decision rationale: CA MTUS recommends Methadone as a second-line drug for moderate to severe pain if the potential benefit outweighs the risk. The FDA reports that they have received reports of severe morbidity and mortality with this medication. This appears, in part, secondary to the long half-life of the drug (8-59 hours). Pain relief on the other hand only lasts from 4-8 hours. Methadone should only be prescribed by providers experienced in using it. However, this patient is also on Hydromorphone (Dilaudid), and has a calculated daily Morphine Equivalent Dose (MED) of 218. The guidelines only support up to 200 MED due to concerns regarding high opiate dosages, and the risk of respiratory depression and overdose. There is no discussion provided as to functional improvement or continued analgesia from the current medication regimen. This patient has a 2006 date of injury, and has been on opiates long-term. There is no discussion of end-points of treatment or initiation of tapering. The patient is noted to be stable on his current medications. There is no evidence of CURES monitoring, an opiate pain contract, or urine drug screens. The UR decision modified the request from #60 to #45 to initiate tapering. Therefore, the request for Methadone 10 mg Qty 60 is not medically necessary.

BACLOFEN 20 MG QTY: 90.00: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines MUSCLE RELAXANTS.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants Page(s): 63-66.

Decision rationale: CA MTUS Chronic Pain Medical Treatment Guidelines, state that muscle relaxants may be effective in reducing pain and muscle tension, and increasing mobility. However, in most low back pain cases, they show no benefit beyond NSAIDs in pain and overall improvement, and no additional benefit has been shown when muscle relaxants are used in combination with NSAIDs. Efficacy appears to diminish over time, and prolonged use of some medications in this class may lead to dependence. However, there is no description of an acute exacerbation of the patient's chronic pain to support a short-term course of muscle relaxants. In addition, this patient is also noted to be on Zanaflex, and it is unclear why this patient is on two different muscle relaxants. Therefore, the request for Baclofen 20 mg Qty 90 is not medically necessary.

DUEXIS 800-26.6 QTY: 90.00: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Non-MTUS Official Disability Guidelines (ODG).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 46. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter, Other Medical Treatment Guideline or Medical Evidence: FDA (Duexis).

Decision rationale: CA MTUS states that NSAIDs are effective, although they can cause gastrointestinal irritation or ulceration or, less commonly, renal or allergic problems. Studies have shown that when NSAIDs are used for more than a few weeks, they can retard or impair bone, muscle, and connective tissue healing and perhaps cause hypertension. In addition, ODG states that there is inconsistent evidence for the use of these medications to treat long-term neuropathic pain, but they may be useful to treat breakthrough pain. In addition, the FDA states that Duexis is indicated for the relief of signs and symptoms of rheumatoid arthritis and osteoarthritis and to decrease the risk of developing upper gastrointestinal ulcers. However, Duexis is a combination medication of ibuprofen and histamine H2-receptor antagonist famotidine. There is no clear rationale as to why the patient needs a combination medication as opposed to taking the medication separately. Therefore, the request for Duexis 800-26.6 Qty: 90 is not medically necessary.

HYDROMORPHONE 4 MG QTY: 90.00: 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): 78-81.

Decision rationale: CA MTUS Chronic Pain Medical Treatment Guidelines do not support ongoing opioid treatment unless prescriptions are from a single practitioner and are taken as directed; are prescribed at the lowest possible dose; and unless there is ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. However, this patient has a calculated daily Morphine Equivalent Dose (MED) of 218. The guidelines state that opioid doses above 200 is considered high-dose opioid therapy and is off-label, highly experimental, and potentially dangerous. In addition, this patient is also noted to be on 2 different muscle relaxants, as well as Ambien, a sedative-hypnotic, which also increases the risk of sedation and respiratory depression. There is no documentation of functional improvement or continued analgesia from the patient's current medication regimen. Therefore, the request for Hydromorphone 4 mg Qty 90 was not medically necessary.