MAXIMUS Federal Services

Case Number:	CM14-0150491		
Date Assigned:	09/18/2014	Date of Injury:	11/22/2004
Decision Date:	10/17/2014	UR Denial Date:	09/05/2014
Priority:	Standard	Application Received:	09/16/2014

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 & Rehabilitation, has a subspecialty in Pain Management 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 32-year-old male who sustained an industrial injury on 01/04/12. Diagnoses include lumbago, lumbar degenerative disc disease, lumbar bulging disc and postlaminectomy syndrome. Previous treatment included physical therapy, injections, medications, and surgery. He is status post L4-5, L5-S1 arthrodesis on 01/23/11. He has continued subjective complaints of lower back pain. The patient has undergone injections with 75-80% relief allowing the patient to reduce the amount of Methadone used. He has been able to wean down Methadone from 9 max a day to 0-4 a day depending on activity. Current medications include Methadone 10mg 1 q 4 hrs. #120, Ibuprofen 800mg 1 tid, Lexapro 10mg 1qd, Fentanyl patch 72hr 100mcg/hr. #10. His current opioid dose is equal to 560 MED per day. He notes difficulty with the decrease in medication dose, as his job is physically demanding. He does continue to work. Overall he reports an increase in functional activities of daily living without evidence of aberrant behaviors or medication side effects. It is noted that he has improved mood with Lexapro. As of 08/27/14, examination the patient reveals decreased range of motion at the neck by 75%. The patient ambulates slowly with a steady gait without the use of an assistive device. There is decreased range of motion of the lumbar spine. There is no clubbing, cyanosis or deformity. There is no evidence of a signed opioid contract. A urine drug screen was obtained on 04/16/14. The actual report is not provided for review however the treating provider notes that there was no cause for concern. A request for Fentanyl 100mcg/hr #10, Lexapro 10mg #30, and Methadone 10mg #120. The reviewing physician notes on 08/28/14 that the patient has subjective complaints of lower back pain. He reports that the claimant has been taking up to 640 MED (morphine equivalents daily), which is 5 times the recommended maximum of 120 MED (morphine equivalents daily). The reviewing physician notes that the patient has reduced his dose of methadone down to once daily recently and is currently taking Fentanyl 100mcg/hr, and Methadone 10mg up to 4 per day.

The patient has decreased the dose without significant escalation in pain, and there is no mention of a reduction of the Fentanyl patch to improved efficacy at a lower dose. CA MTUS states that Methadone is recommended as a second line drug this drug caries significant increased risk over other opioid therapy. The patient should have already been completely weaned from methadone. The patient is taking Lexapro without documented evidence as to why Lexapro is prescribed. There was no evidence of a Beck Depression Scale or evidence of mood rating test. It is stated that a reduced dose of the patient's medications was recommended for authorization in a prior utilization review in order to prevent abrupt cessation. The treating provider has recommended decreasing the Fentanyl patch down to 75mcg. Reportedly medications continue to help reduce some of the pain for greater function. However, there was no evidence of objective functional improvement to support this subjectively noted benefit. In addition, there was no CA MTUS mandated documentation regarding current urine drug test with results, risk assessment profile, attempts at weaning/tapering, and an updated and signed pain contract between the provider and the claimant. It was noted this request had previously been modified on prior utilization review to allow the provider to submit the appropriate documentation. Utilization Review Treatment Appeal dated 08/12/14 reveals the patient continues to complain of left shoulder symptoms status post left shoulder surgery on 11/09/12.

IMR ISSUES, DECISIONS AND RATIONALES

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

Fentanyl 100mcg, QTY: 10: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use, Page(s): 76-80.

Decision rationale: The CA MTUS regarding when to continue opioids indicates if the patient has returned to work or if the patient has improved functioning and pain. It also indicates the lowest possible dose should be prescribed to improve pain and function, and there should be ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. The ODG guidelines regarding opioid dosing state "Recommend that dosing not exceed 100 mg MED (morphine equivalents dosage/day), while there should be increased caution for dosing over 50 MED." In this case there is no evidence of a signed opioid contract within the provided documentation. The patient appears to have consistent urine drug screen testing per the treating provider however there is no evidence provided. The patient does not display any aberrant behaviors and with his medication regimen and is working full time. Although the patient does report increased function and has weaned down on his dose of Methadone from 9 a day to 4 a day he is still prescribed up to 560 MED (morphine equivalents dosage/day) which is well over the recommended 100 MED (morphine equivalents dosage/day). The current request does not specify frequency of dosing. The objective evidence does not support the prescribed total MED (morphine equivalents dosage/day) in this case and therefore Fentanyl 100mcg #10 would not be medically necessary.

Lexapro 10 mg, QTY: 30 with 2 refills: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antidepressants for chronic Page(s): 13-16.

Decision rationale: The CA MTUS states "SSRIs have not been shown to be effective for low back pain (there was not a significant difference between SSRIs and placebo) and SNRIs have not been evaluated for this condition. Reviews that have studied the treatment of low back pain with tricyclic antidepressants found them to be slightly more effective than placebo for the relief of pain. A non-statistically significant improvement was also noted in improvement of functioning. SSRIs do not appear to be beneficial." Lexapro is a SSRI (selective serotonin reuptake inhibitor), which are not found to be beneficial for the treatment of chronic back pain. These are primarily utilized for the treatment of depression/anxiety. In regards to Lexapro, there is no evidence provided in the documentation that the patient has undergone any psychological counseling. Dosing frequency is not specified in the request. Efficacy is not assessed. Due to lack of subjective complaints of any mood disorder or specific psychological testing, treatment of Lexapro 10 mg #30 with 2 refills would not be medically necessary.

Methadone 10 mg, QTY: 150: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 76-80.

Decision rationale: The CA MTUS regarding when to continue opioids indicates if the patient has returned to work or if the patient has improved functioning and pain. It also indicates the lowest possible dose should be prescribed to improve pain and function, and there should be ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. The ODG guidelines regarding opioid dosing state "Recommend that dosing not exceed 100 mg MED (morphine equivalents dosage/day), while there should be increased caution for dosing over 50 MED."CA MTUS states "Methadone is recommended as a second line drug for moderate to severe pain and that this drug carries significant increased risk over other opioid therapy."In this case there is no evidence of a signed opioid contract within the provided documentation. The patient appears to have consistent urine drug screen testing per the treating provider however there is no evidence provided. The patient does not display any aberrant behaviors and with his medication regimen and is working full time. Although the patient does report increased function and has weaned down on his dose of Methadone from 9 a day to 4 a day he is still prescribed up to 560 MED (morphine equivalents dosage/day) which is well over the recommended 100 MED (morphine equivalents dosage/day). The current request does not specify frequency of dosing. The objective evidence does not support the prescribed

total MED (morphine equivalents dosage/day) in this case and therefore Methadone 10mg #150 would not be medically necessary.