

Case Number:	CM14-0151908		
Date Assigned:	09/22/2014	Date of Injury:	10/09/2009
Decision Date:	10/24/2014	UR Denial Date:	09/13/2014
Priority:	Standard	Application Received:	09/17/2014

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, has a subspecialty in Pain 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:

The injured worker is a 37-year-old male who reported an injury on 10/09/2008; he reportedly hurt his back lifting and carrying heavy boxes of soda up and down stairs. The injured worker's treatment history included medications, physical therapy, MRI studies, surgery, and epidural steroid injections. The injured worker was evaluated on 08/29/2014, and it was documented the injured worker complained of back pain which was rated at 8/10 on the pain scale. Pain was constant and could increase to sharp pain that was shooting. Shooting sensation radiated to the bilateral buttocks. Aggravating factors include standing, sitting, bending and lifting. The pain was intermittent but could come on at any time. The injured worker stated he tried physical therapy, all of which had provided minimal relief or temporary pain relief. The injured worker states for alternative and interventional options to alleviate the pain. The injured worker stated with pain medications his pain was 5/10. The injured worker was being evaluated for medication management and refill of ongoing medications. The physical examination revealed flexion was limited to 45 degrees due to moderate low back pain; extension was limited to only 15 degrees due to facet loading pain. Palpation of the lumbar facets also elicited facet tenderness. Straight leg raise was positive bilaterally at 30 degrees. Palpation of bilateral quadratus lumborum and erector spinae muscles revealed spasming and twitching of the muscle bellies with point tenderness at various points. The sacroiliac joints are nontender to palpation. Patrick's test was negative bilaterally. The greater trochanteric bursas are also nontender to palpation bilaterally. Motor testing was 5/5 in bilateral lower extremities. Medications included Oxycodone 15 mg, Methadone 10 mg, and Celebrex 200 mg. Diagnoses included degeneration of lumbar or lumbosacral intervertebral disc, stenosis, lumbar region without any neurogenic claudication, and lumbago. A Request for Authorization was not submitted for this review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Methadone 10mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 76-80.

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

Decision rationale: The requested Methadone 10 mg, # 60 is not medically necessary. According to the Chronic Pain Medical Treatment Guidelines 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. Pharmacokinetics: Genetic differences appear to influence how an individual will respond to this medication. Following oral administration, significantly different blood concentrations may be obtained. Vigilance is suggested in treatment initiation, conversion from another opioid to methadone, and when titrating the methadone dose. Adverse effects: Delayed adverse effects may occur due to Methadone accumulation during chronic administration. Systemic toxicity is more likely to occur in patients previously exposed to high doses of opioids. This may be related to tolerance that develops related to the N-methyl- D- aspartate (NMDA) receptor antagonist. Patients may respond to lower doses of Methadone than would be expected based on this antagonism. One severe side effect is respiratory depression (which persists longer than the analgesic effect). The provider failed to provide documentation of current urine drug test, attempts at weaning/tapering, and updated and signed pain contract between the provider and the injured worker, as mandated by CA MTUS guidelines for chronic opiate use. Additionally, the request for Methadone failed to indicate duration and frequency for medication use. As such, the request for Methadone 10 mg, # 60 is not medically necessary.

Oxycodone 15mg #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use of opioids, Therapeutic Trial of Opioids.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use Page(s): 78.

Decision rationale: The request for Oxycodone 15 mg, #90 is not medically necessary. The California Medical Treatment Utilization Schedule (MTUS) guidelines state that criteria for use for ongoing- management of opioids include ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. There was lack of evidence of opioid medication management and average pain, intensity of pain, or longevity, of pain relief. In addition, there lack of evidence of outcome measurements of conservative care such as, home

exercise regimen outcome improvements noted for the injured worker. The documentation submitted for review there was no a urine drug screen submitted to indicate Opioids compliance for the injured worker. The request submitted failed to indicate frequency and duration of medication. As such, the request for Oxycodone 15 mg, #90 is not medically necessary.