MAXIMUS Federal Services

Case Number:	CM14-0152967		
Date Assigned:	09/23/2014	Date of Injury:	12/11/2000
Decision Date:	10/24/2014	UR Denial Date:	09/09/2014
Priority:	Standard	Application Received:	09/19/2014

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 Interventional Spine 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 patient is a 46-year-old male with a date of injury of 12/11/2000. The listed diagnoses per [redacted] are: 1. Lumbar radiculopathy. 2. Post-lumbar laminectomy syndrome. 3. Spasm of muscle. 4. Spinal lumbar DDD. 5. Low back pain. 6. Toxic effect of tobacco. According to the progress report by [redacted] from 06/02/2014, the patient presents with continued low back pain. The patient is taking medication as prescribed and the medications were noted to be working well. Current medication regimen includes Soma 350 mg, Dilaudid 4 mg, and methadone 10 mg. Examination of the lumbar spine revealed restrictive range of motion and paravertebral muscle spasms noted on both sides. Patient cannot walk on heel or toes. Straight leg raising test is positive bilaterally in a sitting position at 45 degrees. There is tenderness noted over the posterior iliac spine on both sides. Treater notes the patient is stable on current medication regimen and has not changed essential regimen in greater than 6 months. "Function and activities of daily living improved optimally on current dose of medication." He is requesting a refill of medications. Utilization review denied the request on 09/09/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 prescription for methadone 10mg #300: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines opioids, on going management, when to discontinue.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Long-term Opioid use Page(s): 88-89.

Decision rationale: This patient presents with chronic low back pain. The treater is requesting a refill of methadone 10 mg #30. Based on the California Medical Treatment Utilization Schedule (MTUS) Guidelines pages 88 and 89, "Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." California (MTUS) page 78 also requires documentation of the 4As (analgesia, Activities of Daily Living (ADLs), adverse side effects, and adverse behavior), as well as "pain assessment" or outcome measures that include current pain, average pain, least pain, intensity of pain after taking the opioid, time it takes for medication to work and duration of pain relief. Review of the medical file indicates the patient has been taking this medication since 2013. Review of subsequent progress reports note that the patient receives pain relief and increase in functional level with taking medications. But, on other sections of the reports the treater notes that the patient has "functional limitation and avoids going to work and socializing with friends, and he does not perform housework chores or have sexual relations due to his continued pain." On progress report 10/28/2013, the treater noted that there is a continued issue of patient's tolerance and for the need of escalating dosage. He notes, "This does not provide long-term relief." He goes on to state that, "Tapering of medications clearly needs to be pursued." In this case, it does not appear that the patient is receiving significant pain relief and increase in function with taking long-term opioid. Furthermore, the treater has shown concern for patient's continued need for escalating dosages and increase in tolerance. Medications were noted not to provide long-term relief. Tapering of medications was suggested back in 10/28/2013. However, the treater continues to ask for refills of this medication. Given the lack of sufficient documentation for opiate management, the requested treatment is not medically necessary and appropriate.

1 prescription for methadone 10mg #360: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines opioids, ongoing management when to discontinue.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Long-term Opioid use Page(s): 88-89.

Decision rationale: This patient presents with chronic low back pain. The treater is requesting a refill of methadone 10 mg #30. California Medical Treatment Utilization Schedule (MTUS) Guidelines page(s) 88 and 89 state, "Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." California (MTUS) page 78 also requires documentation of the 4As (analgesia, Activities of Daily Living (ADLs), adverse side effects, and adverse behavior), as well as "pain assessment" or outcome measures that include current pain, average pain, least pain, intensity of pain after taking the opioid, time it takes for medication to work and duration of pain relief. Review of the medical file indicates the patient has been taking this medication since 2013. Review of subsequent

progress reports note that the patient receives pain relief and increase in functional level with taking medications. But, on other sections of the reports the treater notes that the patient has "functional limitation and avoids going to work and socializing with friends, and he does not perform housework chores or have sexual relations due to his continued pain." On progress report 10/28/2013, the treater noted that there is a continued issue of patient's tolerance and for the need of escalating dosage. He notes, "This does not provide long-term relief." He goes on to state that, "Tapering of medications clearly needs to be pursued." In this case, it does not appear that the patient is receiving significant pain relief and increase in function with taking long-term opioid. Furthermore, the treater has shown concern for patient's continued need for escalating dosages and increase in tolerance. Medications were noted not to provide long-term relief. Tapering of medications was suggested back in 10/28/2013. However, the treater continues to ask for refills of this medication. Given the lack of sufficient documentation for opiate management, the requested treatment is not medically necessary and appropriate.

1 request for an IT pump trial: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines implantable spinal cord stimulators.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) ODG-TWC guidelines has the following regarding implantable pump for narcotics

Decision rationale: This patient presents with chronic low back pain. The treater is requesting a "IP pump trial." California Medical Treatment Utilization Schedule (MTUS) and ACOEM Guidelines do not discuss intrathecal drug delivery systems. However, Official Disability Guidelines (ODG) Guidelines has the following in the pain section, which states, "Recommended only as an end-stage treatment alternative for selected patients for specific conditions after failure of at least 6 months of less invasive methods and following a successful temporary trial. Indications for implantable drug delivery system when it is used for the treatment of non-malignant pain with a duration of greater than six months and all of the following criteria are met: 1) Documentation in the medical records of failure of 6 months of other conservative treatment modalities, 2) Intractable pain secondary to a disease state with objective documentation of pathology, 3) Further surgical intervention or other treatment is not indicated, 4) Psychological lab evaluation had been obtained, 5) No contraindications to implantation, and 6) A temporary trial of spinal epidural or intrathecal opiates have been successful prior to permanent implantation with at least 50% to 70% reduction in pain. In this case, there is no discussion of a psychological clearance as required by ODG for an intra-thecal pump trial. The requested treatment is not medically necessary and appropriate.