

Case Number:	CM14-0160371		
Date Assigned:	10/06/2014	Date of Injury:	05/29/2012
Decision Date:	11/26/2014	UR Denial Date:	09/03/2014
Priority:	Standard	Application Received:	09/30/2014

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:

The 48 years old male general laborer for construction industry injured his lower back at work on 29 May 2012. He was diagnosed with degenerative disc disease L4-5 with sciatica into left leg. Comorbid conditions include anxiety and depression. He presently continues to have low back pain and is experiencing a gradual decrease in his sexual ability that he attributes to his chronic pain. Exam in Aug 2104 showed an antalgic gait, normal muscle tone. Lumbar MRI (5 Jul 2012) showed multilevel degenerative disc disease and a central and left paracentral L4-5 disc extrusion causing mass effect on left L5 nerve root. Electromyography (EMG) to his lower extremities (3 Jul 2014) was normal. Treatment has included a cane, physical therapy, epidural steroid injection (helped), acupuncture (helpful for several days after each session) and medications (tizanidine, Norco, oxazoprin, Vicodin, buprenorphine, Topamax, cyclobenzaprine, morphine ER, methadone, nabumetone (Relafen), Cialis, orphenadrine (Norflex) extended relief, and docusate). He is presently started on decreasing doses of methadone (from 30 mg/day to 25 mg/day) but has not progressed further due to pain pattern.

IMR ISSUES, DECISIONS AND RATIONALES

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

Methadone HCI 10mg tab, 1 tab 2x/day #60: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, specific drug list On-Going Management Page(s): 93; 78-8.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment Page(s): 47-8, Chronic Pain Treatment Guidelines Page(s): 27, 60-2, 74-91, 93, 124. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: FDA Policy Statement: Information for Healthcare Professionals Methadone Hydrochloride, <http://www.fda.gov/Drugs/DrugSafety/PostmarketDrugSafetyInformationforPatientsandProviders/ucm142841.htm>

Decision rationale: Methadone, a long-acting opioid, is indicated for treatment of moderate to severe pain. Its half-life (how long it stays in the body) is 8-59 hrs yet its pain relieving effect lasts only 4-8 hrs. If being used to treat neuropathic pain, then it is considered a second-line treatment (first-line are antidepressants and anticonvulsants), however, there are no long-term studies to suggest chronic use of opioids for neuropathic pain. If treating chronic low back pain, opioids effectiveness is limited to short-term pain relief (up to 16 weeks) as there is no evidence of long-term effectiveness. It is known that long-term use of opioids is associated with hyperalgesia and tolerance. Because of the difficulty in understanding opioid effectiveness in chronic pain, outcome measure analysis is recommended. This is defined as a measure of improvement in functioning, amount of side effects and patient compliance. For this patient, there does not appear to be any indication for long-term use of any opioid since the patient is suffering from neuropathic low back pain - use of this medication for this condition is only indicated for short-term therapy. It is obvious that the provider recognizes the need to decrease the present dosing of methadone with the implied intention of stopping this medication. Due to withdrawal symptoms methadone cannot be suddenly stopped. Unfortunately, the patient has been symptomatic (worsening pain) with decreased dosing so the provider has not continued the slow decreasing of this medication. The MTUS recommends referral to a pain specialist when the primary care provider is unable to continue the weaning process. Due to the significant withdrawal symptomatology patients experience when this medication is suddenly stopped continual approval makes common sense but should be given with the caveat of either a written timeline for weaning or a referral to a pain specialist for that same purpose.

Methadone HCl 5mg tab, 1 tab 1x/day #30: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, specific drug list On-going Management Page(s): 93; 78-8.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment Page(s): 47-8, Chronic Pain Treatment Guidelines Page(s): 27, 60-2, 74-91, 93, 124. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: FDA Policy Statement: Information for Healthcare Professionals Methadone Hydrochloride, <http://www.fda.gov/Drugs/DrugSafety/PostmarketDrugSafetyInformationforPatientsandProviders/ucm142841.htm>

Decision rationale: Methadone, a long-acting opioid, is indicated for treatment of moderate to severe pain. Its half-life (how long it stays in the body) is 8-59 hrs yet its pain relieving effect lasts only 4-8 hrs. If being used to treat neuropathic pain, then it is considered a second-line

treatment (first-line are antidepressants and anticonvulsants), however, there are no long-term studies to suggest chronic use of opioids for neuropathic pain. If treating chronic low back pain, opioids effectiveness is limited to short-term pain relief (up to 16 weeks) as there is no evidence of long-term effectiveness. It is known that long-term use of opioids is associated with hyperalgesia and tolerance. Because of the difficulty in understanding opioid effectiveness in chronic pain, outcome measure analysis is recommended. This defined as a measure of improvement in functioning, amount of side effects and patient compliance. For this patient, there does not appear to be any indication for long-term use of an opioid since the patient is suffering from neuropathic low back pain - use of this medication for this condition is only indicated for short-term therapy. It is obvious that the provider recognizes the need to decrease the present dosing of methadone with the implied intention of stopping this medication. Due to withdrawal symptoms methadone cannot be suddenly stopped. Unfortunately, the patient has been symptomatic (worsening pain) with decreased dosing so the provider has not continued the slow decreasing of this medication. The MTUS recommends referral to a pain specialist when the primary care provider is unable to continue the weaning process. Due to the significant withdrawal symptomatology patients experience when this medication is suddenly stopped continual approval makes common sense but should be given with the caveat of either a written timeline for weaning or a referral to a pain specialist for that same purpose.

Nabumetone-Relafen 500mg 2-3 daily #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory drugs) Page(s): 67-68, 72-.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment Page(s): 47, Chronic Pain Treatment Guidelines Page(s): 67-73.

Decision rationale: Nabumetone (Relafen) is a non-steroidal anti-inflammatory medication (NSAID). NSAIDs as a group are recommended for treatment of osteoarthritis and for short-term use in treating symptomatic pain from joint or muscle injury. In fact, MTUS guidelines notes that studies have shown use of NSAIDs for more than a few weeks can retard or impair bone, muscle, and connective tissue healing and perhaps even cause hypertension. This patient has had stable chronic pain for over 12 weeks and thus can be considered past the point where NSAIDs should be of value in treatment unless used short-term for exacerbation of the patient's chronic injuries. As the records do not show instructions to the patient for use of this medication only for exacerbations it is not indicated for use at this time.

Cialis 10mg tab 1 tab #10: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Tadalafil in the treatment of erectile dysfunction <http://www.ncbi.nlm.nih.gov/pmc/articles/PMC2643112/>

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical

Evidence: Medline Plus, Cialis (tadalafil), Online Edition,
<http://www.nlm.nih.gov/medlineplus/druginfo/meds/a604008.html>

Decision rationale: Cialis (tadalafil) is a phosphodiesterase (PDE) inhibitor indicated for treatment of erectile dysfunction and the signs and symptoms of benign prostatic hyperplasia (BPH). The MTUS does not address use of this medication. For this patient, the etiology of the sexual dysfunction noted in the medical records was never evaluated nor has the patient been given a diagnosis of erectile dysfunction or BPH. Therefore, there is a lack of clinical indications to support the use of Cialis at this time.