

|                       |              |                              |            |
|-----------------------|--------------|------------------------------|------------|
| <b>Case Number:</b>   | CM14-0178746 |                              |            |
| <b>Date Assigned:</b> | 11/03/2014   | <b>Date of Injury:</b>       | 05/29/2012 |
| <b>Decision Date:</b> | 12/09/2014   | <b>UR Denial Date:</b>       | 10/06/2014 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 10/28/2014 |

### 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 Family Medicine and is licensed to practice in Florida. 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 48-year-old male who suffered an industrial related injury on 5/29/2012. The mechanism of injury described is heavy lifting. This patient has had chronic back pain since. A 7/25/2012 MRI of the lumbar spine showed a central and left paracentral L4-L5 disc extrusion, which migrates inferior to the disc space and causes mass effect on the transversing left L5 nerve root. Multilevel degenerative disc disease was noted. Also, a ventral annular fissure at L2-L3 was noted. Prior treatment has included epidural steroid injection, acupuncture, physical therapy with TENS (Transcutaneous Electrical Nerve Stimulation) unit, and medications. He also received a prescription for Medical Marijuana, which he took for a short time in 2013. He has no substance abuse history. He is currently on Methadone and Nabumetone (a Nonsteroidal Anti-inflammatory) for pain. He is following with a pain management specialist for his Methadone management. He has passed urine drug screens. He is currently unemployed, but has expressed interest in the [REDACTED] Functional Restoration program according to an 8/20/2014 follow up office visit note. Documentation shows that his Methadone was decreased from his current dose earlier this year. A 6/25/2014 progress note states that the patient is "tolerating the Methadone decrease fairly well." In May of 2014 he was on Methadone 10 mg TID. As of his June 2016 progress note he was and is still on Methadone 10 mg in the morning and evening, and 5 mg at midday. It is documented on multiple progress notes that this patient desires to continue decreasing his dose in the future, as he would like to resume work. A utilization review physician did not certify a request for this patient's Methadone. Likewise, an independent medical review was requested.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Methadone HCL 5mg #30: Overturned**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opiates Page(s): 78.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for use of opioids Page(s): 110-115.

**Decision rationale:** MTUS guidelines state narcotics for chronic pain management should be continued "(a) If the patient has returned to work, (b) If the patient has improved functioning and pain." MTUS guidelines also recommend that narcotic medications only be prescribed for chronic pain when there is evidence of a pain management contract being upheld with proof of frequent urine drug screens. Also, not more than 120mg's of morphine equivalent dosages per day is recommended. Regarding this patient's case, while this patient has not yet returned to work there is adequate documentation showing that he is actively attempting to do so. There is documentation of improved pain and functioning on his current Methadone dose. There is also documentation of a pain management contract with urine drug screens showing appropriate results. This patient's daily dose of Methadone does not exceed the recommended 120 mg morphine equivalent dosages per day. This patient is getting his Methadone scripts from the same pain management practice, although different providers from that practice may have prescribed the medication at different times. This patient's case fulfills MTUS criteria for the continuation of chronic opiate treatment. Review of his records has not raised any red flags. It is true that this patient will benefit from continued weaning of his Methadone medication, but how and when to wean his Methadone is a decision to be made by his Pain Management specialist. Likewise, this Methadone medication is considered medically necessary.

**Nabumetone-Relafen 500mg #90: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAID's (non-steroidal anti-inflammatory).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS Page(s): 64, 102-105, 66.

**Decision rationale:** In accordance with California MTUS guidelines, NSAIDS are recommended as an option for short-term symptomatic relief. These guidelines state, "A Cochrane review of the literature on drug relief for low back pain (LBP) suggested that NSAIDs were no more effective than other drugs such as acetaminophen, narcotic analgesics, and muscle relaxants. The review also found that NSAIDs had more adverse effects than placebo and acetaminophen but fewer effects than muscle relaxants and narcotic analgesics." The MTUS guidelines do not recommend chronic use of NSAIDS due to the potential for adverse side effects. Likewise, this request for Nabumetone (Relafen) is not medically necessary.

**Methadone HCL 10mg #60: Overturned**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Methadone Page(s): 78-80, 93, 124.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for use of opioids Page(s): 110-115.

**Decision rationale:** MTUS guidelines state narcotics for chronic pain management should be continued if "(a) If the patient has returned to work, (b) If the patient has improved functioning and pain." MTUS guidelines also recommend that narcotic medications only be prescribed for chronic pain when there is evidence of a pain management contract being upheld with proof of frequent urine drug screens. Also, not more than 120mg's of morphine equivalent dosages per day is recommended. Regarding this patient's case, while this patient has not yet returned to work there is adequate documentation showing that he is actively attempting to do so. There is documentation of improved pain and functioning on his current Methadone dose. There is also documentation of a pain management contract with urine drug screens showing appropriate results. This patient's daily dose of Methadone does not exceed the recommended 120 mg morphine equivalent dosages per day. This patient is getting his Methadone scripts from the same pain management practice, although different providers from that practice may have prescribed the medication at different times. This patient's case fulfills MTUS criteria for the continuation of chronic opiate treatment. Review of his records has not raised any red flags. It is true that this patient will benefit from continued weaning of his Methadone medication, but how and when to wean his Methadone is a decision to be made by his Pain Management specialist. Likewise, this Methadone medication is considered medically necessary.