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| Case Number: | CM14-0179757 | | |
| Date Assigned: | 11/04/2014 | Date of Injury: | 01/06/1999 |
| Decision Date: | 12/09/2014 | UR Denial Date: | 10/21/2014 |
| Priority: | Standard | Application Received: | 10/29/2014 |

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 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 62 year-old injured worker sustained an injury on 1/6/1999 while employed by [REDACTED]. Request(s) under consideration include Methadone HCL 10mg #600 and Dexilant 60mg #15. Diagnoses include lumbosacral spondylosis without myelopathy; chronic pain due to trauma; lumbar or lumbosacral intervertebral disc degeneration; spinal stenosis; obesity; osteoarthritis of lower leg and forearm; s/p ORIF left leg 1991 and bilateral TKA (undated). Reports of 9/1/5/14 and 10/29/14 from the provider noted the injured worker with ongoing chronic unchanged symptoms with pain rated at 4-8/10. Medications list Methadone, Soma, Lorazepam, Alprazolam, Methylphenidate, Promethazine, Potassium, Mirapex, Wellbutrin, Cymbalta, Levothyroxine Sodium, Amlodipine, and Oxygen PRN. Exam showed unchanged findings of absent spasm; negative SLR; no spinal scars noted; absent sciatic notch tenderness; good range without pain in flexion of 20 degrees of lumbar spine; normal gait; normal muscle mass; absent fasciculation; normal muscle tone; normal strength in all UE motor muscle groups; diffuse decreased sensation of left L4-S1 with normal upper extremity sensation. Treatment included continued medications with refills (unchanged Methadone dosing). The request(s) for Methadone HCL 10mg #600 and Dexilant 60mg #15 were non-certified on 10/21/14 citing guidelines criteria and lack of medical necessity.

IMR ISSUES, DECISIONS AND RATIONALES

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

Methadone HCL 10mg #600: 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): 74-96.

Decision rationale: Per the MTUS Guidelines cited, opioid use in the setting of chronic, non-malignant, or neuropathic pain is controversial. Patients on opioids should be routinely monitored for signs of impairment and use of opioids in patients with chronic pain should be reserved for those with improved functional outcomes attributable to their use, in the context of an overall approach to pain management that also includes non-opioid analgesics, adjuvant therapies, psychological support, and active treatments (e.g., exercise). Submitted documents show no evidence that the treating physician is prescribing opioids in accordance to change in pain relief, functional goals with demonstrated improvement in daily activities, decreased in medical utilization or change in work status. There is no evidence presented of random drug testing or utilization of pain contract to adequately monitor for narcotic safety, efficacy, and compliance. The MTUS provides requirements of the treating physician to assess and document for functional improvement with treatment intervention and maintenance of function that would otherwise deteriorate if not supported. From the submitted reports, there is no demonstrated evidence of specific functional benefit derived from the continuing use of opioids with persistent severe pain. Guidelines do not support chronic use of opioids and pain medications are typically not useful in the subacute and chronic phases, impeding recovery of function in patients. Methadone, a synthetic opioid, may be used medically as an analgesic, in the maintenance anti-addictive for use in patients with opioid dependency and in the detoxification process (such as heroin or other morphine-like drugs) as a substitute for seriously addicted patients because of its long half-life and less profound sedation and euphoria. The injured worker is prescribed high doses of Methadone over the last year without demonstrated functional improvement. Guidelines do not support chronic use of Opioid, Methadone. After the appropriate dose has been established, it should be reduced progressively. Submitted reports have not adequately identified significant clinical findings or red-flag conditions to continue high doses of opiates for this unchanged chronic 1999 injury. The Methadone HCL 10mg #600 is not medically necessary.

Dexilant 60mg #15: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms and cardiovascular risk.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI Symptoms and Cardiovascular Risk Page(s): 68-69.

Decision rationale: Dexilant (Dexlansoprazole) is a delayed-release capsules, a proton pump inhibitor, is a medication for treatment of the problems associated with erosive esophagitis from GERD, or in patients with hypersecretion diseases. Per MTUS Chronic Pain Treatment Guidelines, the injured worker does not meet criteria for Lansoprazole namely reserved for patients with history of prior GI bleeding, the elderly (over 65 years), diabetics, and chronic cigarette smokers. Submitted reports have not described or provided any GI diagnosis that meets

the criteria to indicate medical treatment. Review of the records show no documentation of any history, symptoms, or GI diagnosis to warrant this medication. The Dexilant 60mg #15 is not medically necessary.