

<b>Case Number:</b>	CM14-0186085		
<b>Date Assigned:</b>	11/14/2014	<b>Date of Injury:</b>	09/02/2003
<b>Decision Date:</b>	12/23/2014	<b>UR Denial Date:</b>	10/17/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/07/2014

### 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 50-year-old male with a date of injury of 09/02/2003. According to progress report 06/21/2014, the patient presents with chronic low back pain and right lower extremity pain. The patient notes that Methadone helps alleviate his pain. The patient's surgical history includes a lumbar disk displacement at L5 to S1 in December of 2007. Examination of the lumbar spine revealed decreased sensation in the right L5 and right S1 dermatomes. Straight leg raise is positive on the right and there is spasm and guarding noted in the lower back. The listed diagnoses are: 1. Degeneration of lumbosacral disk. 2. Post laminectomy lumbar syndrome. 3. Sciatica. This is a request for Methadone HCL 5 mg #210, Orphenadrine-Norflex ER 100 mg #90, and Omeprazole-Prilosec 20 mg #30 with 4 refills. Utilization review denied the request on 10/17/2014. Treatment reports from 10/11/2013 through 06/21/2014 were reviewed.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Methadone HCL 5mg #210:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for Use of Opioids Page(s): 88-89, 78.

**Decision rationale:** This patient presents with chronic low back pain with radiation into the right lower extremity. The provider is requesting refill of Methadone HCL 5 mg #20. MTUS Guidelines pages 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." 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 utilizing Methadone for pain since at least 10/11/2013. The provider states in his 10/11/2013 reports that patient has no side effects from Methadone. Pain without medication is 9-10/10 and improves by about 50% with medications. It was noted with medications patient is able to "do activities of daily living basically independently. He has notable analgesia with medication, he has no side effects, and there has been no aberrant drug behavior." Report 02/13/2014 recommends patient continue with Methadone, and states the patient is relatively stable with medications. Provider notes that he has no suspicion for aberrant behavior as the patient has been consistent with urine drug screens in the past; however, most current urine drug screening (UDS) was negative for Methadone and provider states he believes this is a "false positive." Progress report 05/19/2014 and 06/21/2014 notes he is to continue with medical management as it has been helpful in improving his strength and stamina. In this case, recommendation for further use of Methadone HCL mg cannot be supported as the provider does not discuss specific activities of daily living (ADLs), change in work status or return to work to show significant functional improvement. No side effects were discussed other than urine drug screens and other aberrant issues are not discussed such as CURES, early refill/loss medications, etc. In this case the treating physician has failed to document the minimum requirements of documentation that are outlined in the MTUS for continued opioid usage. Therefore, Methadone HCL 5mg #210 is not medically necessary and appropriate.

**Orphenadrine-Norflex ER 100mg #90:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants Page(s): 63-64.

**Decision rationale:** This patient presents with chronic low back pain that radiates into the right lower extremity. The provider is requesting Orphenadrine-Norflex ER 100 mg #90. Norflex is a muscle relaxant similar to Flexeril. The MTUS Guidelines page 63 do not recommend long term use of muscle relaxants and recommended using it for 3 to 4 days for acute spasms in no more than 2 to 3 weeks. The medical file provided for review does not indicate when the patient was first prescribed this medication. In this case, given the provider is requesting #90, therefore, it is not medically necessary and appropriate.

**Omeprazole-Prilosec 20mg #30 with 4 refills:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Proton Pump Inhibitors (PPIs). Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Proton Pump Inhibitors (PPIs)

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Omeprazole Page(s): 68-69.

**Decision rationale:** This patient presents with chronic low back pain that radiates into the right lower extremity. The current request is for Omeprazole-Prilosec 20 mg #30 with 4 refills. The MTUS Guidelines page 68 and 69 states that Omeprazole is recommended with precaution for patients at risk for gastrointestinal events: (1) Age is greater than 65, (2) History of peptic ulcer disease and GI bleeding or perforation, (3) Concurrent use of ASA or corticosteroid and/or anticoagulant, (4) High dose/multiple NSAID. Review of the medical file indicates the patient has been prescribed this medication since at least 10/11/2013. The patient has been taking Motrin and ASA low-dose on a long terms basis; however, recommendation for use of Omeprazole cannot be supported as the provider provides no discussion regarding GI issues. Therefore, Omeprazole-Prilosec 20mg #30 with 4 refills is not medically necessary and appropriate.