MAXIMUS Federal Services

Case Number:	CM14-0025008		
Date Assigned:	06/11/2014	Date of Injury:	04/25/1998
Decision Date:	08/19/2014	UR Denial Date:	02/11/2014
Priority:	Standard	Application Received:	02/27/2014

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 Anesthesiology, has a subspecialty in Pain 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 injured worker is a 56-year-old male who reported an injury on 04/25/1998 due to an unknown mechanism. The injured worker has the following diagnoses: lumbar sprain/strain, facet syndrome, pain to the low back, trochanteric bursitis, lumbosacral neuritis NOS, and chronic pain. The injured worker received physical therapy followed by home exercise. On 01/06/2014, the injured worker saw his physician. On that day's visit, he complained of persistent low back pain problems, which he described as an 8/10 to 9/10 in severity. The injured worker stated they were mostly dull, achy, and with intermittent stabbing and sharp shooting pains. The injured worker reported that the current medications are helping with adverse side effects. The injured worker states his pain is usually worse on the left side with radiation to the left gluteal region and left thigh. On 05/09/2013, the injured worker received a lumbar medial branch radiofrequency rhizotomy at right L5, L4, L3, and L2 levels. This was to address lumbar facetal joint arthritis and lumbar facetal joint pain. On 09/17/2013, the injured worker received lumbar medial branch nerve radiofrequency rhizotomy at L5, L4, L3, and at L2 levels. Preoperative diagnosis for this treatment was lumbar facetal joint pain and lumbar facetal joint arthritis. The physician saw the injured worker on 01/06/2014. The clinical impression by the physician is the injured worker has spasms noted in the lumbar paraspinal muscles and stiffness noted in the lumbar spine. The injured worker ambulates with a stiff and antalgic gait noted on the left. There is tenderness noted in the lumbar facet joints. There is some tenderness noted in the bilateral posterior superior iliac spine, but is worse on the left side. The physician notes this is a chronic condition. Further, the physician notes that this may be chronic pain syndrome. The injured worker receives hydrocodone, methadone, omeprazole, Wellbutrin SR, Catapres, pantoprazole, Laxacin, Chlorocon, and Nexium. The physician's treatment plans will be to continue with home exercise program, refills of hydrocodone, methadone, and Catapres. These medications will help

alleviate symptoms of pain and discomfort for the injured worker. The physician is requesting hydrocodone, methadone, and Catapres/clonidine. The physician's rationale is the addressing of chronic pain syndrome with the injured worker. The physician feels these medications will help alleviate pain as well as other side effects to this condition. There is no Request for Authorization form submitted for review at this time.

IMR ISSUES, DECISIONS AND RATIONALES

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

HYDROCODONE 7.5/500 MG (#90) 2R: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines OPIOIDS, SPECIFIC DRUG LIST: HYDROCODONE/ACETAMINOPHEN Page(s): 91.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Criteria for Use, On-Going Management.

Decision rationale: The request for hydrocodone 7.5/500 mg, 90 tablets with 2 refills, is not medically necessary. California MTUS Guidelines for opioids and their ongoing management state these procedures should be in place, starting with: prescriptions should be from a single practitioner and taken as directed, and all prescriptions should come from a single pharmacy; (b) the lowest possible dose should be prescribed to improve pain and function; (c) the physician should include the four A's for ongoing monitoring including analgesia, activities of daily living, adverse side effects, and aberrant drug taking behaviors; (d) the injured worker should keep a pain manual or a pain diary at home; (e) use of drug screening; (f) documentation of misuse of medications; (g) continuing review of overall situation with regard to non-opioid means of pain control; and (h) consideration of a consultation with a multidisciplinary pain clinic if doses of opioids are required beyond what is usually required if the pain does not improve on opioids in 3 months. The injured worker has received 2 surgeries to the spine to affect pain. The injured worker has been receiving this medication for over a year. The injured worker's last visit noted pain level of 7/10 to 8/10 and this coincides with previous office visits. There has been no improvement in pain or condition while on this medication. Urine drug screens of the injured worker have noted compliance by the injured worker. However, with no improvement in pain and condition, the injured worker will have to be considered for a multidisciplinary pain clinic and weaning of this medication as complaints of pain continue beyond the MTUS guidelines of three months. As such, the request is not medically necessary.

METHADONE 10 MG (#180) 2R: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Specific Drug List: Methadone Page(s): 93.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Criteria for Use, On-Going Management, Methadone Page(s): 61, 78.

Decision rationale: The request for methadone 10 mg, #180 tablets with 2 refills, is not medically necessary. The California MTUS Guidelines for methadone recommend this product as a second-line drug for moderate to severe pain if the potential benefit outweighs the risk. Methadone should only be prescribed by providers experienced in using it. Avoid prescribing 40 mg Methadone tablets for chronic non-malignant pain. This product is only FDA-approved for detoxification and maintenance of narcotic addiction. Closely monitor patients who receive methadone, especially during treatment initiation and dose adjustments. methadone is an opioid, and under California MTUS Guidelines, the ongoing management criteria include (a) prescriptions from a single practitioner taken as directed and all prescriptions come from a single pharmacy; (b) the lowest possible dose should be prescribed to improve pain and function; (c) the 4 A's for ongoing monitoring--including analgesia, activities of daily living, side effects, and aberrant drug taking behaviors. The monitoring of these outcomes over time should affect therapeutic decisions and provide a framework for documentation of the clinical use of these controlled drugs; (d) the injured worker should maintain a home diary regarding such issues as pain triggers and incidence of end-of-dose pain; (e) Use of drug screening is to be incorporated; (f) documentation of misuse of medications including doctor shopping, uncontrolled drug escalation, and drug diversion; (g) continued review office visit overall situation with regard to non-opioid means of pain control; and (h) consideration of a consultation with a multidisciplinary pain clinic if doses of opioids are required beyond what is usually required for the condition or pain does not improve on opioids in 3 months. The injured worker is compliant per urine drug screening. The injured worker continues to report pain at an 8/10 to 9/10 with the same side effects every time he goes to the physician. The clinical notes dating back over 1 year shows no change in pain or side effects, including 2 surgeries performed to the spine. The physician is asking for methadone with 2 refills, indicating a chronic use. The use of this medication has not been effective in alleviating pain or side effects for the injured worker for the last year. MTUS guidelines of no reported improvement in pain in three months suggests referring the injured worker to a pain management clinic. As such, the request is not medically necessary.

CATAPRES/CLONODINE 0.1 MG (#30): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Clonidine, Intrathecal Page(s): 30, 34.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Clonidine, Intra-thecal Page(s): 34.

Decision rationale: The request for Catapres/clonidine 0.1 mg, 30 tablets, is not medically necessary. The California MTUS Guidelines for clonidine recommend this product only after a short-term trial indicates pain relief in patient's refractory to opioid monotherapy or opioids with local anesthetic. There is little evidence that this medication provides long-term pain relief and no studies have investigated the neuromuscular, vascular or cardiovascular physiologic changes that can occur over long period of administration. The injured worker is receiving 2 forms of opioids in conjunction with this medication. This injured worker has received this medication for over a year. The efficacy of this medication indicates there is no relief of pain, symptoms, or activities of daily living. The injured worker has no responded well with this medication, as these

symptoms persist. Further, this mediation is suggested only for short-term usage. As such, the request is not medically necessary.