MAXIMUS Federal Services

Case Number:	CM14-0032259		
Date Assigned:	06/20/2014	Date of Injury:	01/22/2007
Decision Date:	07/17/2014	UR Denial Date:	03/06/2014
Priority:	Standard	Application Received:	03/13/2014

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 & Rehabilitation and is licensed to practice in Texas & Ohio. 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 51-year-old male with a reported injury on January 22, 2007. The mechanism of injury was not provided within the clinical documentation. The clinical note dated February 12, 2014 reported that the injured worker complained of constant pain in his left groin area that radiated into the left testicular area. The physical examination revealed the injured worker's left testicle appeared to be enlarged and tender to palpation, but no signs of scrotal masses or scrotal hernia. The injured worker's prescribed medication list included methadone, ibuprofen, Norco, Nexium, and Ambien. The injured worker's diagnoses included left inguinal repair x2 with revision and removal of fibrotic scar with placement of mesh with ongoing neuropathic groin and testicular pain and testicular enlargement; history of coronary vascular attack and transient ischemic attack events in the past, stable; gastroesophageal reflux disease; hypertension; hypercholesterolemia; COPD; and pancreatitis. The provider requested methadone and Norco for pain, ibuprofen for inflammatory pain, and Ambien for insomnia. The Request for Authorization was not submitted within the clinical notes. The injured worker's prior treatments were not included within the clinical notes.

IMR ISSUES, DECISIONS AND RATIONALES

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

Methadone 10mg #180: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids,Criteria for Use.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Methadone & Opioids, Dosing Page(s): 61; 86.

Decision rationale: The California MTUS Guidelines recommend methadone as a second-line drug for moderate to severe pain if the potential benefit outweighs the risk. The California MTUS guidelines recommend that dosing not exceed 120 mg oral morphine equivalents per day, and for patients taking more than one opioid, the morphine equivalent doses of the different opioids must be added together to determine the cumulative dose. There is a lack of clinical information provided documenting the efficacy of methadone as evidenced by decreased pain and significant objective functional improvements. Within the clinical documentation it is noted that the injured worker takes methadone, two 10 mg tabs 3 times a day for chronic pain. The guidelines do not recommend exceeding 120 mg of oral morphine equivalents per day, the total of 60 mg of methadone is the equivalency of 609 mg of morphine equivalent dose per day. It is also noted that the injured worker is prescribed Norco 10/325 mg and takes 1 to 2 tabs 3 times a day as needed for breakthrough pain. The injured worker's prescribed medication well exceeds the guidelines' 120 mg MED daily. The request is not medically necessary.

Norco 10/325mg #180: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids,Criteria for Use.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Specific Drug List & Opioids, Criteria for Use Page(s): 91; 78.

Decision rationale: The California MTUS guidelines state that Norco/ hydrocodone/acetaminophen is a short-acting opioid, which is an effective method in controlling chronic, intermittent or breakthrough pain. The guidelines recognize four domains that have been proposed as most relevant for ongoing monitoring of chronic pain patients on opioids: pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant (or non-adherent) drug-related behaviors. There is a lack of clinical information provided documenting the efficacy of Norco as evidenced by decreased pain and significant objective functional improvements. Furthermore, the requesting provider did not specify the utilization frequency of the medication being requested. The request is not medically necessary.

Ibuprofen 800mg #90: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-inflammatory Medications Page(s): 22.

Decision rationale: The California MTUS guidelines recognize ibuprofen as a non-steroidal anti-inflammatory drug. Anti-inflammatories are the traditional first line of treatment, to reduce

pain so activity and functional restoration can resume, but long-term use may not be warranted. There is a lack of clinical information provided documenting the efficacy of ibuprofen as evidenced by decreased inflammatory pain and significant objective functional improvements. There is a lack of clinical information indicating the duration the injured worker has used ibuprofen; the guidelines do not recommend long-term usage. Furthermore, the requesting provider did not specify the utilization frequency of the medication being requested. The request is not medically necessary.

Ambien: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain (Acute & Chronic).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain, Zolpidem (Ambien).

Decision rationale: The Official Disability Guidelines recommend Zolpidem as a short-acting non-benzodiazepine hypnotic, which is approved for the short-term (usually two to six weeks) treatment of insomnia. Proper sleep hygiene is critical to the individual with chronic pain and often is hard to obtain. Various medications may provide short-term benefit. While sleeping pills, so-called minor tranquilizers, and anti-anxiety agents are commonly prescribed in chronic pain, pain specialists rarely, if ever, recommend them for long-term use. They can be habit-forming, and they may impair function and memory more than opioid pain relievers. There is a lack of clinical information provided documenting the efficacy of Ambien as evidenced by decreased insomnia and increased sleep hygiene. There is a lack of clinical information indicating the injured worker's duration on Ambien. The guidelines do not recommend benzodiazepine hypnotics for longterm use. Furthermore, the requesting provider did not specify the utilization frequency, quantity, or dose being requested. The request is not medically necessary.