

<b>Case Number:</b>	CM14-0032637		
<b>Date Assigned:</b>	06/20/2014	<b>Date of Injury:</b>	03/04/2002
<b>Decision Date:</b>	07/21/2014	<b>UR Denial Date:</b>	03/10/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/14/2014

### 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 Occupational Medicine 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 applicant is a represented [REDACTED] employee who has filed a claim for chronic low back pain reportedly associated with an industrial injury of March 4, 2002. The applicant has been treated with the following: Analgesic medications; adjuvant medications; opioid therapy; muscle relaxants; an earlier lumbar laminectomy, and subsequent lumbar fusion surgery. In a Utilization Review Report dated March 10, 2014, the claims administrator denied a request for methadone and EKG while partially certifying a request for gabapentin. The gabapentin partial certification was apparently issued for weaning purposes. The claims administrator apparently based the denial for methadone on the fact that the applicant was concurrently using Norco. The claims administrator stated that the attending provider had not documented the failure of Norco before considering methadone. The EKG was apparently requested as a form of monitoring methadone usage and/or associated side effects. The claims administrator denied this on the grounds that this was a derivative service intended to be approved only if methadone itself was approved. The applicant's attorney subsequently appealed. An August 8, 2013 progress note is notable for comments that the applicant reported 8-9/10 low back pain radiating to legs. The applicant was on Duragesic, Norco, Neurontin, Prilosec, tizanidine, and Zanaflex as of this point, it was stated. The applicant, it is incidentally noted, was incongruously referred to as "male" and "female" in various sections of the report. The applicant was placed off of work, on total temporary disability. Multiple medications were renewed. On May 8, 2014, the applicant again presented with 8/10 low back pain radiating to legs. It was stated that the applicant was intent on and/or already has switched over to methadone owing to the fact that this was cheaper and on the grounds that the applicant had not benefitted from earlier treatment. The applicant was again placed off of work, on total temporary disability. Trigger point injection therapy was sought. On February 28, 2014, the applicant was again described as reporting heightened complaints of low

back pain, 8-9/10. It was acknowledged that Duragesic and MS Contin had previously been tried and/or failed. The applicant was using Zanaflex, Norco, Neurontin, Flexeril, and Ativan as of this point in time. The applicant was again placed off of work, on total temporary disability. Methadone was introduced. An EKG was ordered.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**Methadone 5mg #90:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Methadone; Opioids Page(s): 61-62 & 74-82.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Methadone topic Page(s): 61.

**Decision rationale:** As noted on page 61 of the California Medical Treatment Utilization Schedule (MTUS) Chronic Pain Medical Treatment Guidelines, methadone is recommended as a second-line drug for moderate-to-severe pain if the potential benefit outweighs the risks. In this case, as noted by the attending provider, the applicant had tried and failed a variety of first-line opioids, including Norco, Duragesic, MS Contin, etc. before methadone was considered. The request in question did represent a first-time request for methadone usage. Given the failure of multiple first and second-line opioids, a trial of methadone was indicated. Therefore, the request was medically necessary.

**EKG:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Methadone Page(s): 61-62.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Methadone topic Page(s): 61.

**Decision rationale:** As noted on page 61 of the California Medical Treatment Utilization Schedule (MTUS) Chronic Pain Medical Treatment Guidelines, QT prolongations and resultant serious arrhythmia has occurred in applicants using methadone. A pre-methadone EKG to evaluate the applicant's QT interval was therefore indicated. Accordingly, the request was medically necessary.

**Gabapentin 600mg #270:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Anti-Epilepsy Drug Page(s): 17.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Gabapentin section Page(s): 19.

**Decision rationale:** As noted on page 19 of the California Medical Treatment Utilization Schedule (MTUS) Chronic Pain Medical Treatment Guidelines, applicants on gabapentin should be asked at each visit as to whether there has been some improvement in pain or function achieved as a result of the same. In this case, however, the applicant was off of work, on total temporary disability. There was no evidence of any improvement in pain or function achieved as a result of ongoing gabapentin usage. The applicant continued to report ongoing complaints of 8-9/10 pain on multiple office visits, referenced above. All of the above, taken together, implies lack of any improvement in pain or function achieved despite ongoing gabapentin usage. Therefore, the renewal request for gabapentin was not medically necessary.