

Case Number:	CM14-0040764		
Date Assigned:	06/27/2014	Date of Injury:	03/31/2003
Decision Date:	12/19/2014	UR Denial Date:	03/28/2014
Priority:	Standard	Application Received:	04/07/2014

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 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 claimant was injured on 03/31/03. Docusate sodium, methadone, and Norco are under review. The claimant reports ongoing pain in his lower leg. He completed his physical therapy following a knee replacement. He stated that hydrocodone taken 6 times a day does not offer enough relief. Methadone was recommended twice a day for 1 month. The claimant was evaluated on 03/06/14. He was seen after increasing his methadone to 10 mg twice a day and noted increased effect lasting approximately 4 hours. He still had pain but was satisfied that an improvement was made. It was recommended along with occasional ibuprofen while discontinuing the Norco. He was taking Norco 10 mg/325 mg 2 tablets 3 times a day, ibuprofen 1 tablet 4 times a day, and docusate 1 capsule daily. Only his vital signs were noted on 02/20/14. He reported the Norco made him itch and he had discontinued it. He was going to have an independent evaluation to see why it still hurt. The provider wanted to put him on a stable dose of methadone. He was taking methadone, ibuprofen, and docusate. His knee was not examined. He is status post right total knee arthroplasty and manipulation. His medications included tramadol and Percocet 5 on 02/13/14 when he saw the surgeon. There was no mention of the other medications. On 01/23/14, he was taking methadone, Norco, ibuprofen, and docusate. He has had multiple other medical problems, also.

IMR ISSUES, DECISIONS AND RATIONALES

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

Docusate Sodium 250mg #30 Date of Service (DOS) 01/22/14: Overturned

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 Procedure Summary last updated 03/18/2014

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids for Chronic Pain Page(s): 110. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: PDR 2014, Colace

Decision rationale: The history and documentation support the ongoing use of Colace during the weaning period from methadone and Norco. The MTUS state "Prophylactic treatment of constipation should be initiated. Colace is typically recommended for the control/relief of constipation that may occur due to the chronic use of opioids." The claimant is likely still using Norco and methadone and is at risk of developing constipation, even if it has not been documented previously. The use of Colace can be recommended during the weaning process and until the Norco and methadone have been discontinued. The request is medically necessary.

Methadone HCl 5mg DOS 01/22/14: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Methadone; Medications for Chronic Pain Page(s): 94 - 95.

Decision rationale: The history and documentation do not objectively support the request for methadone HCl 5mg DOS 01/22/14. The MTUS states "Methadone is recommended as a second-line drug for moderate to severe pain if the potential benefit outweighs the risk. The FDA reports that they have received reports of severe morbidity and mortality with this medication. This appears, in part, secondary to the long half-life of the drug (8-59 hours). Pain relief on the other hand only lasts from 4-8 hours. Methadone should only be prescribed by providers experienced in using it. (Clinical Pharmacology, 2008) Pharmacokinetics: Genetic differences appear to influence how an individual will respond to this medication. Following oral administration, significantly different blood concentrations may be obtained. Vigilance is suggested in treatment initiation, conversion from another opioid to methadone, and when titrating the methadone dose. (Weschules 2008) (Fredheim 2008) Adverse effects: Delayed adverse effects may occur due to methadone accumulation during chronic administration. Systemic toxicity is more likely to occur in patients previously exposed to high doses of opioids. This may be related to tolerance that develops related to the N-methyl-D-aspartate (NMDA) receptor antagonist. Patients may respond to lower doses of methadone than would be expected based on this antagonism. One severe side effect is respiratory depression (which persists longer than the analgesic effect). Methadone should be given with caution to patients with decreased respiratory reserve (asthma, COPD, sleep apnea, severe obesity). QT prolongation with resultant serious arrhythmia has also been noted. Use methadone carefully in patients with cardiac hypertrophy and in patients at risk for hypokalemia (including those patients on diuretics). Methadone does have the potential for abuse. Precautions are necessary as well for employees in safety sensitive positions, including operation of a motor vehicle." In this case, there are no

physical findings documented in the notes which have improved with the use of methadone to support the continuation of this medication. There is no evidence that a signed pain contract is on file in the prescriber's office. There is no evidence of trials of other first line drugs for pain or trials of local care such as ice/heat and also exercise. The MTUS outlines several components of initiating and continuing opioid treatment and states "a therapeutic trial of opioids should not be employed until the patient has failed a trial of non-opioid analgesics. Before initiating therapy, the patient should set goals, and the continued use of opioids should be contingent on meeting these goals." In these records, there is no documentation of trials and subsequent failure of or intolerance to first-line drugs such as acetaminophen or nonsteroidal anti-inflammatory drugs. MTUS further explains, "pain assessment should include: current pain; the least reported pain over the period since last assessment; average pain; intensity of pain after taking the opioid; how long it takes for pain relief; and how long pain relief lasts." There is also no indication that periodic monitoring of the claimant's pattern of use and response to this medication, including assessment of pain relief and functional benefit, has been or will be done. There is no evidence that he has been involved in an ongoing rehab program to help maintain any benefits he receives from treatment measures. Additionally, the 4A's "analgesia, activities of daily living, adverse side effects, and aberrant drug-taking behaviors" should be followed and documented per the guidelines. There is no documentation of consistent urine drug screens to support ongoing use. There is no indication that a pain diary has been recommended and is being kept by the claimant and reviewed by the prescriber. As such, the medical necessity of the use of methadone HCl 5 mg DOS 01/22/14 has not been clearly demonstrated. The request is not medically necessary.

Norco 10/325mg #180 DOS 01/22/14: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids for Chronic Pain, Medications for Chronic Pain Page(s): 94 and 110.

Decision rationale: The history and documentation do not objectively support the request for the opioid, Norco 10/325mg #180 DOS 01/22/14, dosage unknown. The MTUS outlines several components of initiating and continuing opioid treatment and states "a therapeutic trial of opioids should not be employed until the patient has failed a trial of non-opioid analgesics. Before initiating therapy, the patient should set goals, and the continued use of opioids should be contingent on meeting these goals." In these records, there is no documentation of trials and subsequent failure of or intolerance to first-line drugs such as acetaminophen or nonsteroidal anti-inflammatory drugs. MTUS further explains, "pain assessment should include: current pain; the least reported pain over the period since last assessment; average pain; intensity of pain after taking the opioid; how long it takes for pain relief; and how long pain relief lasts." There is also no indication that periodic monitoring of the claimant's pattern of use and response to this medication, including assessment of pain relief and functional benefit, has been or will be done. There is no evidence that he has been involved in an ongoing rehab program to help maintain any benefit he receives from treatment measures. Additionally, the 4A's "analgesia, activities of daily living, adverse side effects, and aberrant drug-taking behaviors" should be followed and documented per the guidelines. The claimant's pattern of use of Norco is unclear other than he

takes it. There is no evidence that a signed pain agreement is on file at the provider's office and no evidence that a pain diary has been recommended and is being kept by the claimant and reviewed by the prescriber. As such, the medical necessity of the ongoing use of Norco 10/325 mg has not been clearly demonstrated.