

Case Number:	CM14-0041152		
Date Assigned:	06/30/2014	Date of Injury:	08/27/1997
Decision Date:	08/25/2014	UR Denial Date:	03/18/2014
Priority:	Standard	Application Received:	04/08/2014

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 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 41-year-old male who has submitted a claim for low back pain, generalized anxiety disorder, psoriasis, depression, and hypogonadism associated with an industrial injury date of 08/27/1997. Medical records from 2001 to 2014 were reviewed. The patient complained of low back pain. The patient likewise complained of difficulty sleeping. Physical examination of the lumbar spine showed tenderness and restricted motion. Reflexes and sensory exam were normal. A report from 10/18/2013 cited that patient complained of increasing pain despite use of Kadian, methadone, and Soma. A urine drug screen from 03/26/2014 showed positive levels for hydromorphone, codeine, morphine, clonazepam, amphetamine, methamphetamine, and heroin. Progress report from 04/01/2014 cited that all narcotic medications were discontinued. Treatment to date has included physical therapy, psychotherapy, and medications such as Kadian, methadone, baclofen, Seroquel, Klonopin, Paxil, Axiron, and Soma. Utilization review from 02/26/2014 denied the requests for Kadian 130mg one by mouth twice a day # 60 and Methadone 10mg one by mouth three times a day #90 because there was no documentation concerning trial and failure of first-line medications; denied Klonopin 2mg, 2 by mouth three times a day # 180 because patient was already advised to be weaned off from this medication; Soma 350mg one by mouth three times a day #90 because there was no muscle spasm noted; and Paxil 60mg one by mouth once a day #30 because there was no clear documentation of improved functional ability.

IMR ISSUES, DECISIONS AND RATIONALES

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

Kadian 130MG one by mouth twice a day # 60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use - On-Going Management Page(s): 78. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain chapter, Kadian (morphine sulfate).

Decision rationale: Page 78 of the CA MTUS Chronic Pain Medical Treatment Guidelines states that there is no support for ongoing opioid treatment unless there is ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. According to ODG, Kadian is recommended for a trial after failure of non-opioid analgesics, short-acting opioid analgesics, and a trial of generic extended-release morphine (equivalent to MS Contin). It is not recommended as a first-line opioid. In this case, patient has been on Kadian since 2013 due to failure of Oxycontin to provide symptom relief. However, there was no indication of symptomatic or functional benefits derived from its use. Furthermore, urine drug screen from 03/26/2014 showed positive levels for illicit drugs. The most recent progress report cited that all narcotic medications were discontinued due to this. There is no clear indication for Kadian use at this time. Therefore, the request for Kadian 130MG one by mouth twice a day # 60 is not medically necessary.

Methadone 10mg one by mouth three times a day #90: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Methadone; Opioids Page(s): 61; 78.

Decision rationale: Page 78 of the CA MTUS Chronic Pain Medical Treatment Guidelines specify four domains 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 potential aberrant (or non-adherent) drug-related 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. Page 61 of Chronic MTUS guidelines indicate that Methadone is recommended as a second-line drug for moderate to severe pain if the potential benefit outweighs the risk. In this case, the patient has been on methadone since 2013. The patient is strongly being suspected for aberrant drug behavior due to positive levels of illicit drugs in the most recent urine drug screen. However, there was no documentation concerning functional improvement derived from methadone, given that patient had long-term use of this medication. The medical necessity cannot be established due to insufficient information. Therefore, the request for Methadone 10mg one by mouth three times a day #90 is not medically necessary.

Klonopin 2mg, 2 by mouth three times a day # 180: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines Page(s): 24.

Decision rationale: As stated on page 24 of CA MTUS Chronic Pain Medical Treatment Guidelines, benzodiazepines are not recommended for long-term use because long-term efficacy is unproven and there is a risk of dependence. Most guidelines limit use to 4 weeks. Their range of action includes sedative/hypnotic, anxiolytic, anticonvulsant, and muscle relaxant. In this case, the patient has been on Klonopin since 2003. However, there was no documentation concerning functional improvement derived from its use. Long-term use is likewise not recommended. Therefore, the request for Klonopin 2mg, 2 by mouth three times a day # 180 is not medically necessary.

Soma 350mg one by mouth three times a day #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Carisprodol (Soma).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Carisoprodol (Soma) Page(s): 29.

Decision rationale: As stated on page 29 of CA MTUS Chronic Pain Medical Treatment Guidelines, carisoprodol (Soma) is a centrally acting skeletal muscle relaxant that is not indicated for long-term use. Carisoprodol abuse has been noted in order to augment or alter effects of other drugs such as hydrocodone, tramadol, benzodiazepine and codeine. In this case, patient has been on carisoprodol since 2003. However, there is no documentation concerning pain relief and functional improvement derived from its use. Long-term use is likewise not recommended. Lastly, muscle spasm was not evident in the most recent physical examination. Therefore, the request for Soma 350mg one by mouth three times a day #90 is not medically necessary.

Paxil 60mg one by mouth once a day #30: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Selective Serotonin Reuptake Inhibitors Page(s): 16.

Decision rationale: Page 16 of CA MTUS Chronic Pain Medical Treatment Guidelines states that selective serotonin reuptake inhibitor (SSRIs) is a class of antidepressants that inhibit serotonin reuptake without action on noradrenaline. It has been suggested that the main role of SSRIs may be in addressing psychological symptoms associated with chronic pain. In this case,

the patient has been on Paxil since 2003. However, there is no documentation concerning functional improvement derived from its use. The medical necessity cannot be established due to insufficient information. Therefore, the request for Paxil 60mg one by mouth once a day #30 is not medically necessary.