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| <b>Case Number:</b>   | CM14-0047879 |                              |            |
| <b>Date Assigned:</b> | 07/02/2014   | <b>Date of Injury:</b>       | 07/19/2000 |
| <b>Decision Date:</b> | 08/26/2014   | <b>UR Denial Date:</b>       | 04/09/2014 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 04/16/2014 |

### 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:

This is a 53-year-old patient with a 7/19/00 date of injury. The mechanism of injury was not provided in the records reviewed. According to a 2/25/14 progress note, the patient presented with constant low back and leg pain located in left leg sciatica and right leg sciatica. In addition, she presented with pain rated at 2/10 with medications on a pain scale of 0-10. The patient's objective findings included evidence of respiratory distress; tenderness to palpation of knee; palpable spasms of calf; tenderness to palpation of ankle, Achilles tendon, and plantar fascia insertion; tenderness at lumbar spine, facet joint, decreased flexion, decreased extension, decreased lateral bending and decreased rotation. The diagnostic impression included lumbago and back pain. The treatment to date includes medication management and activity modification. A UR decision dated 4/9/14 denied the request for Roxicodone and modified the request for Methadone 10 mg #360 with 1 refill to Methadone 10 mg #360 with zero refills for weaning purposes. Regarding Roxicodone, the patient has been utilizing this medication long-term for her chronic pain condition, and the available medical documentation did not demonstrate significant aspects of functional improvement despite ongoing opioid treatment. Furthermore, prior UR decisions have instructed the provider to initiate weaning of Roxicodone. Regarding Methadone, there has not been any substantial, sustainable documentation of objective functional improvements.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Prospective request for 1 prescription of Methadone 10 mg #360 with 1 refill: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Methadone, Opioids, long term assessment, Weaning of medications.

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

**Decision rationale:** According to California MTUS, 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. According to the reports reviewed, the patient has been on Methadone since at least 7/25/12, with no documentation of significant pain reduction or improved activities of daily living. There is documentation that prior UR decisions have recommended weaning the patient off of Roxycodone. However, there is no documentation in the reports reviewed that the provider has addressed the issue of weaning. In addition, the patient is also utilizing Roxycodone, the combination of Methadone and Roxycodone combined results in a minimal effective dose (MED) of 1710, which far exceeds guideline recommendations of a maximum of 200 MED. This medication combination can result in a high risk of overdose, respiratory depression, and sedation. Furthermore, it is documented in a 4/19/14 progress note that the patient presented in respiratory distress. Therefore, the request for Prospective request for 1 prescription of Methadone 10 mg #360 with 1 refill was not medically necessary.

**Prospective request for 1 prescription of Roxycodone 30 mg #100 with 1 refill:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 78-81.

**Decision rationale:** The California MTUS Chronic Pain Medical Treatment Guidelines do not support ongoing opioid treatment unless prescriptions are from a single practitioner and are taken as directed; are prescribed at the lowest possible dose; and unless there is ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. According to the reports reviewed, the patient has been on Roxycodone since at least 7/25/12, with no documentation of significant pain reduction or improved activities of daily living. In addition, the patient is also utilizing Methadone, the combination of Methadone and Roxycodone combined results in a MED of 1710, which far exceeds guideline recommendations of a maximum of 200 MED. This medication combination can result in a high risk of overdose, respiratory depression, and sedation. Furthermore, it is documented in a 4/19/14 progress note that the patient presented in respiratory distress. Therefore, the request for Prospective request for 1 prescription of Roxycodone 30 mg #100 with 1 refill was not medically necessary.

