

Case Number:	CM14-0060006		
Date Assigned:	07/09/2014	Date of Injury:	09/06/2011
Decision Date:	09/05/2014	UR Denial Date:	04/18/2014
Priority:	Standard	Application Received:	04/30/2014

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 Family 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 now 44-year old man has chronic low back pain presumed to be a result of an Injury sustained 9/6/11. The available records begin in 2012 and do not describe a mechanism of injury. A request for hydrocodone/APAP and for methadone was denied in utilization review on 4/18/11. A request for IMR from the patient's primary provider was generated on 4/30/14. The IMR request lists the patient's primary diagnosis as lumbago. The UR performed 4/18/14 lists diagnoses of thoracic disc degeneration, lumbar disc displacement and degeneration, spondylolisthesis, chronic pain syndrome and stress. The patient's medical history is notable for extreme obesity (BMI over 40), diabetes, sleep apnea, hypertension, and prolonged episodes of bronchial pneumonia. Treatment has included medications, physical therapy, pool therapy, epidural steroid injections and sacroiliac joint injections. There are multiple notes in the record delineating ongoing chronic pain, total disability with need for a disability parking placard, and inability to perform activities of daily living such as vacuuming or washing dishes. Examination findings are somewhat variable depending on the medical provider. The primary treater consistently documents global L lower extremity weakness and decreased sensation of the left lateral foot. A detailed pain management consultation performed 10/21/13 documented normal strength and sensation in the lower extremities. MRI performed 8/16/13 revealed diffuse degenerative disc disease with moderate R neuroforaminal stenosis and annular fissure at L4-5. A surgical consultation was performed 10/23/13, and surgery was not recommended. Electrodiagnostic testing revealed mild to moderate bilateral L5 radiculopathy and mild axonal peripheral neuropathy. Several notes in the record document lack of response to the treatments tried. A 2/24/14 QME report states that the pain medicines the patient is currently taking do not give him any long term pain relief. A 3/11/14 progress note states that physical therapy made the patient's back hurt more. An lumbar epidural steroid injection performed 1/16/14 resulted in

a statement by the patient that it did not help, and that he did not want to have another. A 4/29/14 note from the primary treater states that the LESI actually decreased his level of function. Every note in the available record documents this patient as taking hydrocodone/APAP and methadone, which means that they have been prescribed since at least 2012.

IMR ISSUES, DECISIONS AND RATIONALES

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

Hydrocodone/APAP 10-325mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use - Ongoing management.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Medications for Chronic Pain: page 60, Criteria for Use of Opioids; Steps to Take Before a Therapeutic Trial of Opioids pages 76-77; Ongoing Management page 78; When to Discontinue Opioids, pages 79-80; Indications page 83; Long Term Use Page(s): 60, 76-77, 78, 79-80, 83, 80.

Decision rationale: Per the MTUS recommendations cited above, medications should be trialed one at a time while other treatments are held constant, with careful assessment of function, and there should be functional improvement with each medication in order to continue it. If opioids are used, it is recommended that goals for pain and function be set and monitored. Opioids should be discontinued if there is no improvement in function. There is no good evidence that opioids are effective for radicular pain. If long-term use of opioids occurs, there is a need for ongoing pain and function assessments, as well as assessments for side effects, of concurrent other treatments, and of concurrent psychological issues. None of the above recommendations have been instituted in this patient's case. No goals were set for pain or function levels and no monitoring for them has occurred. There has been no functional improvement, and it appears that the patient's disability level has actually increased on opioids (in this case hydrocodone). There is no evidence that hydrocodone even improved this patient's pain, as he is on record stating his pain medications give him no long term relief. Based on these clinical findings and the guideline references, continued hydrocodone use is not medically indicated because it has not resulted in any improvement in any measurable outcome in this patient, and may have contributed to his decreasing level of function. Therefore, based on guidelines and a review of the evidence, the request for Hydrocodone/APAP is not medically necessary.

Methadone 5mg #90: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Medications for Chronic Pain: page 60, Criteria for Use of Opioids; Steps to Take Before a Therapeutic Trial of Opioids pages 76-77; Ongoing Management page 78; When to Discontinue Opioids, pages 79-80; Indications page 83; Long Term Use, page 88; Methadone, page 61 Page(s): 60, 76-77, 78, 79-80, 83, 80, 61.

Decision rationale: Per the MTUS recommendations cited above, medications should be trialed one at a time while other treatments are held constant, with careful assessment of function, and there should be functional improvement with each medication in order to continue it. If opioids are used, it is recommended that goals for pain and function be set and monitored. Opioids should be discontinued if there is no improvement in function. There is no good evidence that opioids are effective for radicular pain. If long-term use of opioids occurs, there is a need for ongoing pain and function assessments, as well as assessments for side effects, of concurrent other treatments, and of concurrent psychological issues. Methadone is recommended as a second-line drug for moderate to severe pain if the potential benefit outweighs the risk. Significant risks are present for patients with decreased respiratory reserve, severe obesity, cardiac hypertrophy, using diuretics. None of the above recommendations have been instituted in this patient's case. No goals were set for pain or function levels and no monitoring for them has occurred. There has been no functional improvement, and it appears that the patient's disability level has actually increased on opioids (in this case methadone). There is no evidence that methadone even improved this patient's pain, as he is on record stating his pain medications give him no long term relief. In addition, this patient has clear contraindications for methadone use: his severe obesity and probably respiratory compromise (history of prolonged bronchial pneumonia and sleep apnea). If he has limited respiratory reserve methadone might actually result in respiratory depression and death, whether or not he was using CPAP at the time. Based on these clinical findings and the guideline references, continued methadone use is not medically indicated because it has not resulted in any improvement in any measurable outcome in this patient, and may have contributed to his decreasing level of function, and may be putting him at risk for respiratory depression and death. Therefore, based on guidelines and a review of the evidence, the request for Methadone is not medically necessary.