

Case Number:	CM14-0064103		
Date Assigned:	07/11/2014	Date of Injury:	09/07/2000
Decision Date:	12/11/2014	UR Denial Date:	04/07/2014
Priority:	Standard	Application Received:	05/06/2014

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:

Injured worker (IW) is a 61 years old male who sustained an industrial injury on 09/07/00. He has been diagnosed with cervical postlaminectomy syndrome. 10/31/14 office note documented complaints of increased pain following denial for cyclobenzaprine. Current medications included Norco 10/325, Effexor XR, Protonix, Topamax, trazodone, albuterol inhaler, and simvastatin. 11/25/14 urine drug screen (UDS) was positive for hydrocodone and its metabolites, as well as nonprescribed morphine. Prescribed clonazepam was not detected. 02/26/14 office note stated that IW had been using narcotics on a long-term basis. Treating physician had become aware that IW was receiving medications from several providers and admitted problems with their utilization. Addictionology consult was requested for possible Suboxone maintenance. 03/04/14 office note stated that IW returned one week after beginning Subutex in the emergency department after presenting with withdrawal symptoms. 04/30/14 office note documented completion of multiple questionnaires for assessment of addiction risk and stated that IW was determined to be at low risk. Brief Pain Inventory, Activity Monitoring Forms, and Medication Safety Agreement were also completed. Based upon results of most recent UDS repeat UDS was not required at that time. CURES report was noted to show no aberrant results. Other than vital signs, no physical examination was documented. Medications were refilled including gabapentin and Subutex.

IMR ISSUES, DECISIONS AND RATIONALES

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

Methadone HCl 5 mg tablet #120: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NECK AND UPPER BACK COMPLAINTS. Decision based on Non-MTUS Citation ACOEM Ch. 7-Independent Medical Examinations and Consultations.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Methadone, Opioids, criteria for use, Opioids, specific drug list, Buprenorphine Page(s): 61-62,.

Decision rationale: MTUS considers methadone to be a second-line opioid for treatment of chronic pain. MTUS mentions methadone as an option for medically assisted withdrawal using opioids, but notes poor outcomes in published studies and prefers buprenorphine due to a milder withdrawal syndrome. IW has a history of chronic opioid use with evidence of aberrant medication behaviors. He has been evaluated for addiction risk. IW was started on Subutex due to withdrawal symptoms, but based upon a peer review decision submitted with this request it appears that this medication was not authorized. Use of methadone as an alternative to buprenorphine is consistent with MTUS recommendations. The requested methadone is medically necessary in this case.

Trazadone HCl 50mg tablet #60: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Neck And Upper Back Complaints. Decision based on Non-MTUS Citation ACOEM Ch. 7-Independent Medical Examinations and Consultations.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antidepressants for chronic pain Page(s): 13-16. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter, Insomnia treatment

Decision rationale: MTUS recommends antidepressants "as a first line option for neuropathic pain, and as a possibility for non-neuropathic pain." MTUS does not specifically mention trazodone. ODG Pain Chapter lists trazodone as an option for treatment of patients with insomnia and depression. Some of the side effects listed for trazodone by ODG, including anticholinergic effects and sedation, may also make this drug helpful in patients experiencing opioid withdrawal symptoms. Use of trazodone appears to be reasonable and medically necessary in this case.