

Case Number:	CM14-0074855		
Date Assigned:	07/16/2014	Date of Injury:	05/24/2002
Decision Date:	10/06/2014	UR Denial Date:	05/07/2014
Priority:	Standard	Application Received:	05/22/2014

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 patient is a 58 year old male who was injured on 05/24/2002. The mechanism of injury is unknown. Prior treatment history has included trigger point injections to the lumbar spine on Operative note dated 06/30/2014 states the patient presented with complaints of severe low back pain, buttock and leg pain as well as neck and shoulder pain. He rated his pain as 9/10 without his medications and with his medications a 3-4/10. He is able to perform activities of daily living with his medications but without the medications, he is not. It is documented that the patient has signed an opioid agreement contract and is urine screened periodically with no evidence of non-compliance. On exam, he has pain with passive and active range of motion of the cervical spine past 30 degrees of flexion; 20 degrees of extension and lateral. There was moderate pain with palpation from the suboccipital region down the paravertebral muscle. The scapular muscle revealed severe tenderness bilaterally. He has radicular symptoms that are radiating down his upper extremities. Grip strength was diminished on the left. The lumbar spine revealed muscle spasm and positive left straight leg raise, negative on the right. He had mild, diffuse decreased sensation in the left lower extremity. Assessment and recommendations revealed the patient to increased numbness and pain to the upper extremity; therefore, a cervical epidural steroid injection was requested as well as Phenergan 25 mg for his nausea and upset stomach which was initiated upon discontinuation of his medications as documented on note dated 05/01/2014. He was instructed to continue with Norco and methadone. Prior utilization review dated 08/07/2014 states the request for Methadone 10 MG # 90 is modified to certify methadone 10 mg #45; Norco 10/325 MG # 240 is not certified as the patient was already properly weaned off Norco; and Phenergan 25 MG # 30 is not certified as guidelines do not recommend Phenergan for nausea due to opioid use.

IMR ISSUES, DECISIONS AND RATIONALES

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

Methadone 10 MG # 90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Methadone Page(s): 61.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Methadone Page(s): 74-96, 61-62.

Decision rationale: According to MTUS guidelines, opioids are recommended for moderate to severe pain. Efficacy of long-term opioid use, however, is not established for chronic non-malignant pain. 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. In this case, methadone is requested for 58-year-old male injured on 5/24/02 with chronic neck and low back pain. However, history and examination findings do not demonstrate clinically significant functional improvement over time, including reduction in dependency on medical care, from use of methadone. The patient is not working. Further, the patient's Norco and methadone prescription equals a morphine equivalent dose (MED) of 320, which exceeds the guideline recommended maximum of 120 MED. Medical necessity is not established.

Norco 10/325 MG # 240: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Page(s): 74-96.

Decision rationale: According to MTUS guidelines, opioids are recommended for moderate to severe pain. Efficacy of long-term opioid use, however, is not established for chronic non-malignant pain. In this case, Norco is requested for 58-year-old male injured on 5/24/02 with chronic neck and low back pain. However, history and examination findings do not demonstrate clinically significant functional improvement over time, including reduction in dependency on medical care, from use of Norco. The patient is not working. Further, the patient's Norco and methadone prescription equals a morphine equivalent dose (MED) of 320, which exceeds the guideline recommended maximum of 120 MED. Medical necessity is not established.

Phenergan 25 MG # 30: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Phenergan

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain, Antiemetics (for opioid nausea)

Decision rationale: The MTUS guidelines do not address the request. According to ODG guidelines, antiemetics are "not recommended for nausea and vomiting secondary to chronic opioid use." In this case Phenergan is prescribed for a 58-year-old male with chronic pain to treat nausea and vomiting secondary to chronic opioid use. Medical necessity is not established.