

Case Number:	CM14-0089323		
Date Assigned:	07/23/2014	Date of Injury:	08/19/2003
Decision Date:	09/29/2014	UR Denial Date:	06/06/2014
Priority:	Standard	Application Received:	06/16/2014

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 Physical Medicine and Rehabilitation and is licensed to practice in Texas. 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 50 year old male who sustained an industrial injury on 8/19/2003, when he fell from a chair and fractured his coccyx. The 5/28/2014 progress report documents the patient returns for medication refill. He has low back and leg pain, rated 5/10, constant and intermittent. With opioids, he reports 50% improvement in sitting, walking, and standing tolerance. Previously prescribed methadone 10 mg 4 times per day x 28 days, dispense #112; prescribed methadone 10 mg 4 times per day x 28 days, dispense #112; klonopin 1 mg 3 times per day x 28 days, dispense #84. He is unemployed and on disability. ROS: reports anxiety and depression. On physical examination, gait is antalgic, tenderness in lower lumbar paravertebral region, pain with lumbar extension and rotation, and restricted lumbar motion. SLR is negative, sensation is equal, motor strength 5/5 and reflexes 2+ and equal. Assessment herniated lumbar disc, lumbar DDD, unspecified back disorder, facet syndrome. Patient prescribed this visit: methadone 10 mg 4 times per day x 28 days, dispense #112; prescribed methadone 10 mg 4 times per day x 28 days, dispense #112; klonopin 1 mg 3 times per day x 28 days, dispense #84 with 1 refill. The 6/19/2014 progress report documents the patient returns for medication refill. He has low back and leg pain, rated 7/10. With opioids, he reports 50% improvement in sitting, walking, and standing tolerance. Previously prescribed methadone 10 mg 4 times per day x 28 days, dispense #112; klonopin 1 mg 3 times per day x 28 days, dispense #84. He is unemployed and on disability. ROS: reports anxiety. On physical examination, gait is antalgic, tenderness in lower lumbar paravertebral region and coccyx, pain with lumbar extension and rotation, and restricted lumbar motion. SLR is negative, sensation is equal, motor strength 5/5 and reflexes 2+ and equal. Assessment herniated lumbar disc, lumbar DDD, unspecified back disorder, facet syndrome. Patient prescribed this visit: methadone 10 mg 4 times per day x 28 days, dispense

#112; prescribed methadone 10 mg 4 times per day x 28 days, dispense #112; klonopin 1 mg 3 times per day x 28 days, dispense #84 with 1 refill. UDS is consistent.

IMR ISSUES, DECISIONS AND RATIONALES

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

Klonopin 1mg three times a day for 28 days dispense 84 tablets refill times 1.: Upheld

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

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

Decision rationale: According to the referenced 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. The medical records do not reveal the patient has a relevant psychiatric diagnosis. Furthermore, if a diagnosis of anxiety disorder existed, a more appropriate treatment would be an antidepressant. Klonopin is not recommended. The medical records do not reveal a clinical rationale that establishes continuing Klonopin is appropriate and medically necessary. Klonopin should be discontinued, as per the guidelines. Tapering and weaning from Klonopin should continue.

Methadone 10mg four times a day for 298 days dispense 112 tablets.: Upheld

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

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

Decision rationale: According to the guidelines, 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. This product is FDA-approved for detoxification and maintenance of narcotic addiction. The medical records do not establish Methadone is being provided for either of these purposes. In addition, the patient's dosage and use of Methadone taken has not been detailed. The patient persistently reports moderate pain levels, has not returned to work, and the documented physical examination findings are minimal and unchanged. Given all of these factors, the medical necessity and appropriateness of Methadone is not established under the guidelines. Weaning and discontinuation of Methadone is recommended.

Compound topical medication KGL (unspecified quantity).: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113.

Decision rationale: According to the CA MTUS guidelines, topical analgesics are an option with specific indications, many agents are compounded as monotherapy or in combination for pain control (including NSAIDs, opioids, capsaicin, local anesthetics, antidepressants, glutamate receptor antagonists, -adrenergic receptor agonist, adenosine, cannabinoids, cholinergic receptor agonists, agonists, prostanoids, bradykinin, adenosine triphosphate, biogenic amines, and nerve growth factor). There is little to no research to support the use of many of these agents. Ketoprofen is not FDA-approved for a topical application. It has an extremely high incidence of photocontact dermatitis. Only FDA approved are recommended. The CA MTUS states that any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. In addition, the medical records clearly document the patient tolerates standard oral anagesics. The medical necessity of this compounded topical product is not established.