

| | | | |
|-----------------------|--------------|------------------------------|------------|
| Case Number: | CM14-0121965 | | |
| Date Assigned: | 09/16/2014 | Date of Injury: | 01/10/1994 |
| Decision Date: | 07/08/2015 | UR Denial Date: | 07/29/2014 |
| Priority: | Standard | Application Received: | 08/01/2014 |

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California

Certification(s)/Specialty: Internal Medicine

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 injured worker is a 58-year-old female patient who sustained an industrial injury on 01/10/1994. A pain management follow up visit dated 01/02/2013 reported current subjective complaint of having chronic low back pain that radiates into bilateral legs, sometimes into the feet causing numbness and a stabbing type sensation. The pain starts in the buttocks posteriorly wraps around to the front of both knees and down the legs. There is also neck pain that radiates into bilateral shoulders, status post anterior cervical decompression and fusion. She reports the pain still limits her daily activity and the medications do help to decrease the pain. The increase in methadone has helped and both the Fentanyl patch and OxyContin help with the baseline pain. She states that the Actiq is still not authorized and this medication helps with breakthrough pains. Her sleep quality is unchanged. Most recent radiographic study previously performed on 07/08/2011 showed a myelogram of the lumbar spine that showed intervertebral and posterior spinal fusion at L5-S1; presence of spinal cord stimulator and Baclofen pump with wires only partially visible and some may be disconnected: moderate multilevel degenerative disc disease area with probable severe spinal canal stenosis at L4-5: grade I retrolisthesis of L3 on L4 and grade II at L4, L5. Current medications consist of: Actiq, Bupropion, Celebrex, Duragesic, Fentora, Prozac, Lidoderm, Methadone, Neurontin, and Oxycodone, OxyContin, Prilosec, and Topamax. The assessment found the patient with chronic low back pain and bilateral leg pain; status post L5-S1 fusion; myofascial pain/spasm; status post Fentanyl pump explanted; status post spinal cord stimulator placed; depression due to chronic pain; neck pain history of left arm pain, status post anterior cervical decompression and fusion(non industrial); poor sleep and hygiene secondary to pain; general deconditioning and status post pump explant after new pump placed secondary to resistant organism reactivation. The following diagnoses are applied: unspecified myalgia and myositis; spasm of muscle; thoroacolumbosacral neuritis/radiculitis;

lumbago; cervicocranial syndrome; cervicalgia; post laminectomy syndrome, lumbar, and post laminectomy syndrome cervical. The patient states she is having difficulty with transportation to doctor's office and is pending another provider. By 01/20/2014 current medications were: Fentanyl 400mcg, Bupropion, Celebrex, Duragesic patch 50mcg, Prozac, Lidoderm, Methadone, Neurontin, Oxycodone, Prilosec, and Topamax. There is no change in the treating diagnoses or the current assessment. There is note of the patient trialed the following medications: Fentora, Subsys, OxyContin, Dilaudid and Actiq.

IMR ISSUES, DECISIONS AND RATIONALES

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

Prescription for Methadone 10mg #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Methadone (Dolophine, Methadose oral dosage forms).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines chronic pain chapter Page(s): 27, 61, and 62.

Decision rationale: The MTUS states that Methadone is a second line drug for the treatment of moderate to severe pain if the benefit outweighs the risk. It has a long half life of 8-59 hours and its pharmacokinetics differ among individuals and differing blood concentrations may be obtained from different individuals. Therefore, its titration should be closely monitored and its best utilized in professionals trained in its use. However, the therapeutic effect only lasts from 4 to 8 hours. Because of its long half life delayed side effects can occur secondary to Methadone accumulation. Respiratory depression may occur, and it should be used with caution in patients with COPD, asthma, OSA, and obesity. It can also cause QT prolongation which is a risk for serious arrhythmias. Therefore, it should be used with caution in patients with cardiac hypertrophy and hypokalemia. The 40 mg dose should be avoided because it is only FDA approved for use in detoxification and maintenance in narcotic addiction. However, Buprenorphine is probably a better choice to treat opioid withdrawal than Methadone. In this patient we note that she is already on the long acting narcotics, Duragesic patch and Oxycontin. Both of these can present with toxicity of prolonged half life and delayed toxicity. Methadone is also noted for prolonged half life and delayed toxicity. Therefore, it is unsafe for the patient to be on all three of these medications and the Methadone should be weaned off as the UR has decided. Therefore the request is not medically necessary.

Motor Repair of adjustable bed: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Up to date review Topic 7770 and Version 30. 0.

Decision rationale: An Up to date analysis of chronic back pain suggests that bed rest should be limited and that the patient encouraged to be active as soon as possible. Non randomized trials confirmed that bed rest did not improve function or decrease pain and that advise to be active was as effective as standard PT in improving symptoms. Also, it was noted in randomized European trials that a medium firm mattress was the most beneficial for chronic

back pain. We have no evidence that an adjustable bed provides any benefit for a patient who suffers from chronic back pain. Therefore, the UR was correct in refusal to cover motor repair of an adjustable bed. The request is not medically necessary.