

Case Number:	CM14-0187773		
Date Assigned:	11/18/2014	Date of Injury:	01/11/1985
Decision Date:	01/20/2015	UR Denial Date:	10/31/2014
Priority:	Standard	Application Received:	11/11/2014

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 Anesthesiology, has a subspecialty in Pain Management and is licensed to practice in Texas & Florida. 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 56 year old male who was injured on 1/11/1985. The diagnoses are chronic pain syndrome, post laminectomy lumbar syndrome. The past surgery history is significant for multiple lumbar laminectomies, discectomies and fusion surgeries. The 2014 MRI of the thoracic spine was noted to show multilevel degenerative changes and flattening of the ventral surface of the cord at T8 to T10. On a noted dated 7/21/2014 but later corrected to 8/12/2014, [REDACTED] noted that the patient was not a surgical candidate because of a higher risk for surgical complication. On 8/14/2014, [REDACTED] noted that the patient was being treated for multiple psychiatric disorders that included stress, anxiety, depression, anger and chronic pain syndrome. On 10/21/2014, [REDACTED] noted subjective complaint of pain score rated at 8/10 on a scale of 0 to 10. There were objective findings of tenderness to palpation over the lumbar spine and cervical spine areas. There was limited objective findings noted on the 11/18/2014 clinic note. The medications listed are Oxycontin, methadone, fentanyl patch and Lidoderm patch. The patient is also utilizing Lithium, Wellbutrin and Ritalin for psychiatry conditions. On 4/8/2014 a blood drug screen was positive for prescribed opioids and alprazolam. The CURES report was noted to be consistent on 9/22/2014 and 11/11/2014. A Utilization Review determination was rendered on 10/31/2014 recommending non certification for Oxycontin 40mg #480 and modified certification for Methadone 10mg #180 to #135.

IMR ISSUES, DECISIONS AND RATIONALES

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

Oxycotin 40mg # 480: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 74-,96 124. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter. Mental illness and Stress.

Decision rationale: The CA MTUS and the ODG guidelines recommend that opioids can be utilized for the treatment of exacerbation of musculoskeletal pain that did not respond to standard treatment with NSAIDs, co-analgesics and PT. Opioids can also be utilized for the treatment of severe musculoskeletal pain when surgical and non- opioids medications options are ineffective. The chronic use of high dose opioid medications is associated with the development of tolerance, opioid induced hyperalgesia, dependency, addiction, sedation and adverse interactions with other sedatives and psychiatric medications. The risk of these adverse effects is noted to be significant on patient with significant psychiatric co-comorbid conditions. The records indicate that the patient is utilizing utilized high doses of multiple opioid medications as well as several psychiatric medications and sedatives. The blood test showed the presence of benzodiazepine that was not listed on the medication list. The guidelines recommend evaluation for hyperalgesia state by opioid rotation and weaning measures. The guidelines recommend that patients with psychiatric conditions who are on high dose opioids be referred to Pain programs or Psychiatry programs for safe weaning. The criteria for the use of Oxycontin 40mg #480 were not met.

Methadone 10mg # 135: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.24.2 Page(s): 74-96, 124. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter

Decision rationale: The CA MTUS and the ODG guidelines recommend that opioids can be utilized for the treatment of exacerbation of musculoskeletal pain that did not respond to standard treatment with NSAIDs, co-analgesics and PT. Opioids can also be utilized for the treatment of severe musculoskeletal pain when surgical and non- opioids medications options are ineffective. The chronic use of high dose opioid medications is associated with the development of tolerance, opioid induced hyperalgesia, dependency, addiction, sedation and adverse interactions with other sedatives and psychiatric medications. The risk of these adverse effects is noted to be significant on patient with significant psychiatric co-comorbid conditions. The records indicate that the patient is utilizing utilized high doses of multiple opioid medications as well as several psychiatric medications and sedatives. The blood test showed the presence of benzodiazepine that was not listed on the medication list. The risks of adverse methadone interaction are significantly high. There is no EKG monitoring on record. The guidelines recommend evaluation for hyperalgesia state by opioid rotation and weaning measures. The guidelines recommend that patients with psychiatric conditions who are on high dose opioids be referred to Pain programs or

Psychiatry programs for safe weaning. The criteria for the use of Methadone 10mg # 135 were not met.