

<b>Case Number:</b>	CM15-0006752		
<b>Date Assigned:</b>	01/26/2015	<b>Date of Injury:</b>	07/28/2007
<b>Decision Date:</b>	03/19/2015	<b>UR Denial Date:</b>	12/18/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/13/2015

### 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 45 year old male, who sustained an industrial injury on 7/28/2007. The injured worker complains of neck, right shoulder and right hand pain status post cervical fusion on the PR2 dated 12/8/14. The diagnoses have included complex regional pain syndrome of the right upper extremity. The documentation noted that the injured worker received a trigger point injections that helped reduce his tightness and spasms by greater than 50% and lasting the month. The documentation noted that his pain in his arm continues to be worse when it is touched/bumped causing significant throbbing, burning, stabbing pain that lasts for 45 seconds to 1 minute. The injured worker reports that he continues with depression related to his pain. The documentation noted that the injured worker was weaned off of neurontin due to mood changes and lyrica due to weight gain. According to the utilization review performed on 12/18/14, the requested Methadone 10 MG #300 and Ultram 50 MG #240 has been non-certified and the request for Norco 10-325 MG #210 and Clonidine .1 MG #60 has been certified. The CA MTUS guidelines, on-going management of opioids consists of "ongoing review and documentation of pain relief, functional status, appropriate medication use and side effects were used along with ODG" Clonidine can relieve many opioids withdrawal symptoms (an off-label treatment) as long as there are no contraindications to use" was also used in the utilization review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Methadone 10 MG #300:** Upheld

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

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

**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 with chronic pain, the MD is seeking to control the pain with an addition of long acting opioid to give a steady state of drug to control pain breakthrough. However, Methadone has a very long and unpredictable half live. There are other narcotic meds for this indication which have more predictable drug levels and and would be safer for use. Therefore, this medicine is not indicated for this patient.

**Norco 10-325 MG #210:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Chronic pain Page(s): 75 91.

**Decision rationale:** Norco is noted to be a short acting opioid effective in controlling chronic pain and often used intermittently and for breakthrough pain. It is noted that it is used for moderate to moderately severe pain. The dose is limited by the Tylenol component and officially should not exceed 4 grams per day of this medicine. The most feared side effects are circulatory and respiratory depression. The most common side effects include dizziness, sedation, nausea, sweating, dry mouth, and itching. In general, opioid effectiveness is noted to be augmented with 1- education as to its benefits and limitations, 2- the employment of non opioid treatments such as relaxation techniques and mindfulness techniques, 3- the establishment of realistic goals, and 4- encouragement of self regulation to avoid the misuse of the medication. The MTUS notes that opioid medicines should be not the first line treatment for neuropathic pain because of the need

for higher doses in this type of pain. It is also recommended that dosing in excess of the equivalent of 120 mg QD of morphine sulfate should be avoided unless there are unusual circumstances and pain management consultation has been made. It is also stated that the use of opioids in chronic back pain is effective in short term relief of pain and that long term relief of pain appears to be limited. However, the MTUS does state that these meds should be continued if the patient was noted to return to work and if there was noted to be an improvement in pain and functionality. Also, it is noted that if the medicine is effective in maintenance treatment that dose reduction should not be done. This particular patient has severe chronic pain and was intolerant to both Lyrica and Neurontin, both primary indicated for treatment of neuropathic pain. Therefore, the MD is providing necessary pain control and the Norco is indicated in this patient.

**Ultram 50 MG #240:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Chronic pain Page(s): 29,77.94.

**Decision rationale:** The chronic pain section of the MTUS notes that ultram or tramadol is a central acting analgesic and has opioid activity and inhibits reuptake of serotonin and norepinephrine and is reported to be effective in neuropathic pain and its side effects are similar to traditional opioids. The MTUS also states that it should not be given with soma because of the combination causing euphoria and sedation. It also states that prior to starting it other traditional pain meds should be tried such as NSAID's and that opioids are not a first line treatment for pain. It also notes the patient should be screened for possible abuse potential and other traits that would make a patient unreliable such as depression. We note that the patient is on Norco for short term pain relief. Ultram is used for the same purpose and would give us two different opioids being used at the same time with the same treatment objectives. It would be better to just treat the patient with the Norco and adjust its dose if necessary and not to add another regimen and thus complicate the therapeutic regimen. Therefore, the UR was right in not authorizing the use of Ultram in this patient.