

<b>Case Number:</b>	CM15-0101476		
<b>Date Assigned:</b>	06/03/2015	<b>Date of Injury:</b>	07/13/2010
<b>Decision Date:</b>	07/02/2015	<b>UR Denial Date:</b>	05/21/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/27/2015

### 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: Physical Medicine & Rehabilitation, Pain Management

### 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 66-year-old male who reported an industrial injury on 7/13/2010. His diagnoses, and/or impressions, are noted to include chronic pain due to trauma; chronic pain syndrome; "COAT"; dysthymic disorder; inflamed sacroiliac joint; low back pain; failed lumbar back surgery syndrome; and myalgia and myositis. The history notes a significant increase in the dose of Methadone, to 10mg, in December 2014, after being on 5mg Methadone while living in [REDACTED], but changing to taking Heroin, while living in [REDACTED], developing an abscess, and entering a rehab program in [REDACTED]. Recent x-rays and magnetic imaging studies of the lumbar spine were stated to have been done on 2/19/2015. His treatments have included lumbar posterior fusion with hardware, and lumbosacral disc spaces in November 2010, resulting in radicular pain, and medication management with opioids; a switch to Methadone, before moving without continuity of care and prescriptions; and rest from work as he is permanent and stationary. The pain management progress notes of 4/24/2015 noted a follow-up visit with complaints of chronic and persistent mid-back pain that radiated to the right thigh/calf, and bilateral ankles/feet. He described it as severe, deep, diffuse, burning with numbness, and dull/sharp, shooting/stabbing/throbbing/piercing pain, which was aggravated by activity and relieved by lying down, massage, and pain medications/drugs. The objective findings were noted to include current medications to include Norco, Oxycontin and Methadone; and increased pain but with increased activity/function with these medications. The physician's requests for treatments were noted to include continuation of oral Methadone, and Butrans Patches to help with pain in opiate addiction, with chronic pain after detoxification. Notes indicate that the

patient has a history of drug abuse including methamphetamine, heroin, and prescription drugs within the past year. Notes indicate that he went to detox and rehabilitation for drug addiction. A report dated April 24, 2015 indicates that an EKG was within normal limits and urine drug screens have been obtained. A controlled substance agreement has been signed. The note goes on to state that with medication the patient is able to get dressed that have contact with friends. Without medication, the patient has to stay in bed half the day and has no contact with the outside world.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

#### **Methadone HCL 10mg, #90 (1 3x a day): Overturned**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Methadone. Decision based on Non-MTUS Citation Official Disability Guidelines: Pain Chapter Methadone.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26 MTUS (Effective July 18, 2009) Page(s): 44, 47, 75-79, 120 of 127.

**Decision rationale:** Regarding the request for Methadone, California Pain Medical Treatment Guidelines state that this is an opiate pain medication. Due to high abuse potential, close follow-up is recommended with documentation of analgesic effect, objective functional improvement, side effects, and discussion regarding any aberrant use. Guidelines go on to recommend discontinuing opioids if there is no documentation of improved function and pain. Within the documentation available for review, the requesting physician has identified that the medication improves the patient's pain and function, causes no intolerable side effects, has an opiate agreement in place, and has done appropriate monitoring including cures reports and urine drug screens, which have been consistent. It must be stated, that this patient is at an exceptionally high risk for accidental overdose due to a recent history of substance abuse. However, the requesting physician has documented the necessary criteria to support the use of this medication based solely upon guideline recommendations. This should not be construed to indicate that I agree with prescribing this medicine to this patient, but solely to indicate that guidelines support the use of this medication due to appropriate documentation. As such, the currently requested methadone is medically necessary.

#### **Butrans 10mcg/hr, #4 (1 every 7 days): Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines: Pain Chapter Buprenorphine for opioid dependence.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26 MTUS (Effective July 18, 2009) Page(s): 44, 47, 75-79, 120 of 127. Decision based on Non-MTUS Citation

[https://www.butrans.com/hcpportal/f?p=201301:HOME:0:::c,utm\\_source,utm\\_medium,utm\\_ter](https://www.butrans.com/hcpportal/f?p=201301:HOME:0:::c,utm_source,utm_medium,utm_ter)

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**Decision rationale:** Regarding the request for Butrans, California Pain Medical Treatment Guidelines state that this is an opiate pain medication. Due to high abuse potential, close follow-up is recommended with documentation of analgesic effect, objective functional improvement, side effects, and discussion regarding any aberrant use. Guidelines go on to recommend discontinuing opioids if there is no documentation of improved function and pain. The full prescribing information for this medication advises discontinuation of all other long-acting opiates prior to initiating treatment. This medication is not to be used with other long-acting opiates. Within the documentation available for review, it appears the patient is currently taking methadone as well as Butrans. No statement has been provided indicating why two long-acting opiates would be recommended, despite the manufacturer's recommendation against this regimen. As such, the currently requested Butrans is not medically necessary.