

Case Number:	CM15-0016150		
Date Assigned:	02/04/2015	Date of Injury:	09/28/2001
Decision Date:	04/13/2015	UR Denial Date:	12/30/2014
Priority:	Standard	Application Received:	01/28/2015

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

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 62 year old female who sustained a work related injury on September 28, 2001. Her injuries include low back and right leg pain after she transferred a medical patient from a bed into a wheelchair. Treatments included lumbar spine surgery, an assistive device for ambulation, medications and physical therapy. Diagnoses included lumbar disc displacement without myelopathy and chronic pain. Currently, the injured worker complained of lower back pain and bilateral knee pain. Treatment included knee injections and medications. On February 4, 2015, a request for a prescription of Methadone 5 mg #25, (7 day supply), Methadone HCL 5 mg #100 (30 day supply) and Soma 350 mg #7 (7 day supply) was non-certified by Utilization Review, noting the Official Disability Guidelines and California Medical Treatment Utilization Schedule Guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

Methadone 5mg #25 (7/day supply): Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines
CRITERIA FOR USE OF OPIOIDS Page(s): 76-78, 88-89.

Decision rationale: The patient presents with lower back pain and knee pain, as per progress report dated 12/12/14. The request is for METHADONE 5 mg # 25 (7/DAY) SUPPLY. There is no RFA for this case, and the patient's date of injury is 09/28/01. The patient is status post lumbar fusion surgery in 2000, as per progress report dated 12/12/14. Diagnoses included lumbar disc displacement, lumbar post-laminectomy syndrome, psychogenic pain, and chronic pain. Medications included Methadone and Soma. The patient's work status has been documented as permanent and stationary, as per the same progress report. MRI of the lumbar spine dated 02/12/13, as reviewed in progress report dated 08/01/14, revealed disc bulge at L2-3, mild spinal canal stenosis at L3-4, and disc osteophyte at L5-S1 touching S1 nerve root. MTUS Guidelines pages 88 and 89 states, "Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." MTUS page 78 also requires documentation of the 4As (analgesia, ADLs, adverse side effects, and adverse behavior), as well as "pain assessment" or outcome measures that include current pain, average pain, least pain, intensity of pain after taking the opioid, time it takes for medication to work and duration of pain relief. MTUS p90 states, "Hydrocodone has a recommended maximum dose of 60mg/24hrs." In this case, a prescription for Methadone was first noted in progress report dated 05/09/14, and the patient has been taking the medication consistently at least since then. The patient consumed Tramadol (another opioid) before that, as per prior progress reports. In progress report dated 12/12/14, the treater states that the patient had to increase her Methadone dose in recent times to manage the pain. The treater also states that the medication is for breakthrough pain, and seeks to increase its dose for one month until patient starts aqua therapy. A UDS report, as per progress report dated 09/15/14, is consistent with Methadone use. Progress report dated 08/01/14 states that medications do not produce any side effects. However, the treater does not document a specific reduction in pain in terms of change in pain scale neither does the treater use a validated measurement scale to demonstrate a specific increase in function. No CURES reports are available for review. MTUS guidelines require a clear discussion about the 4As, including analgesia, ADLs, adverse side effects, and aberrant behavior, for continued opioid use. Hence, this request IS NOT medically necessary.

Methadone 5mg #100 (30/day supply): Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines
CRITERIA FOR USE OF OPIOIDS Page(s): 76-78, 88-89.

Decision rationale: The patient presents with lower back pain and knee pain, as per progress report dated 12/12/14. The request is for METHADONE 5 mg # 100 (30/DAY SUPPLY). There is no RFA for this case, and the patient's date of injury is 09/28/01. The patient is status post lumbar fusion surgery in 2000, as per progress report dated 12/12/14. Diagnoses included lumbar disc displacement, lumbar post-laminectomy syndrome, psychogenic pain, and chronic pain. Medications included Methadone and Soma. The patient's work status has been documented as

permanent and stationary, as per the same progress report. MRI of the lumbar spine dated 02/12/13, as reviewed in progress report dated 08/01/14, revealed disc bulge at L2-3, mild spinal canal stenosis at L3-4, and disc osteophyte at L5-S1 touching S1 nerve root. MTUS Guidelines pages 88 and 89 states, "Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." MTUS page 78 also requires documentation of the 4As (analgesia, ADLs, adverse side effects, and adverse behavior), as well as "pain assessment" or outcome measures that include current pain, average pain, least pain, intensity of pain after taking the opioid, time it takes for medication to work and duration of pain relief. MTUS p90 states, "Hydrocodone has a recommended maximum dose of 60mg/24hrs." In this case, a prescription for Methadone was first noted in progress report dated 05/09/14, and the patient has been taking the medication consistently at least since then. The patient consumed Tramadol (another opioid) before that, as per prior progress reports. In progress report dated 12/12/14, the treater states that the patient had to increase her Methadone dose in recent times to manage the pain. The treater also states that the medication is for breakthrough pain, and seeks to increase its dose for one month until patient starts aqua therapy. A UDS report, as per progress report dated 09/15/14, is consistent with Methadone use. Progress report dated 08/01/14 states that medications do not produce any side effects. However, the treater does not document a specific reduction in pain in terms of change in pain scale neither does the treater use a validated measurement scale to demonstrate a specific increase in function. No CURES reports are available for review. MTUS guidelines require a clear discussion about the 4As, including analgesia, ADLs, adverse side effects, and aberrant behavior, for continued opioid use. Hence, this request IS NOT medically necessary.

Soma 350mg #7 (7/day supply): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxant Page(s): 29, 64-66.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants Page(s): 63-66.

Decision rationale: The 67 year old patient presents with lower back pain and knee pain, as per progress report dated 12/12/14. The request is for SOMA 350 mg # 7 (7/ DAY SUPPLY). There is no RFA for this case, and the patient's date of injury is 09/28/01. The patient is status post lumbar fusion surgery in 2000, as per progress report dated 12/12/14. Diagnoses included lumbar disc displacement, lumbar post-laminectomy syndrome, psychogenic pain, and chronic pain. Medications included Methadone and Soma. The patient's work status has been documented as permanent and stationary, as per the same progress report. MRI of the lumbar spine dated 02/12/13, as reviewed in progress report dated 08/01/14, revealed disc bulge at L2-3, mild spinal canal stenosis at L3-4, and disc osteophyte at L5-S1 touching S1 nerve root. MTUS, Chronic Pain Medication Guidelines, Muscle Relaxants, page 63-66: "Carisoprodol (Soma, Soprodal 350, Vanadom, generic available): Neither of these formulations is recommended for longer than a 2 to 3 week period." In this case, a prescription for Soma is noted in progress report dated 12/04/13, and the patient has been taking the medication consistently at least since then. The medications help her "to relax and to decrease her muscle spasms." The treater, however, does not document a specific improvement in function or reduction in pain due to its use.

Additionally, MTUS only recommends the use of this drug for 2 to 3 weeks. Hence, the request IS NOT medically necessary.