

<b>Case Number:</b>	CM15-0019745		
<b>Date Assigned:</b>	02/09/2015	<b>Date of Injury:</b>	02/06/2008
<b>Decision Date:</b>	04/03/2015	<b>UR Denial Date:</b>	01/20/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/02/2015

### 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, Arizona

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 54-year-old male, who reported chronic progressive pain in his lower back and bilateral legs after a work related accident on 02/06/2008. While performing his duties as a cabinet builder, the injured worker was standing on a ladder and drilling overhead, when he experienced a popping sensation in his back. The patient's history was consistent for chronic lower back sprain/strain, lumbar radiculopathy, lumbar degenerative disc disease, and post-lumbar laminectomy syndrome. His most recent medication regimen included Methadone (10 mg 4 times a day), Omeprazole (20 mg capsules 1 daily), Percocet (10/325 mg tablets 4 times a day), and Prozac (10 mg once daily). The injured worker has failed medications with Naprosyn, Neurontin, Prozac, and Lyrica, due to their limited efficacy. Conservative treatments were initiated, including 24 sessions of physical therapy in 2008 with no significant pain relief. He had an AME evaluation in 2010 and been prescribed a single point cane and walker. He underwent a trial of a spinal cord stimulation device in 2011, which he ultimately failed. The injured worker was seen and examined by several healthcare providers, including an occupational health doctor, an orthopedic surgeon, a neurosurgeon, and a pain management physician. He underwent a previous diagnostic workup, including 2 MRI scans to the lower back, 2 CT scans, and 2 x-rays to the lower back. Furthermore, the injured worker reported having EMG and NCV studies of the bilateral lower extremities performed in 02/2010. (No results of these tests were provided in the cases notes.) The injured workers surgical history included a bilateral laminotomy at L4-5 and L5-S1 on 06/24/2008; followed up by a lumbar spine fusion at L4-5, L5-S1 in 01/2009. He received a lumbar epidural steroid injection and reports that the surgery has failed to provide him

any benefit. The injured worker complains of pain in the mid back, lower back, right arm, right elbow, right wrist, right hand, right knee, right ankle, and right foot. His lower back pain radiates down to his bilateral lower extremities. His lower back pain has a belt line distribution. His back pain is described as moderate in intensity, aggravated by activities including walking for longer than 10 minutes; repetitive bending; and continuous bending/stooping/kneeling. Overall complaints of radicular pain over the posterior legs, right greater than left, going down to the toes, was associated with numbness and tingling. His pain in the right arm and right hand are described as numbness and tingling. The injured worker currently requires help with activities such as putting on socks and shoes, bathing, and doing household chores. The injured worker reported that his condition continues to worsen, and has reported more frequent episodes of falls, with his leg giving way. The most recent physical exam shows the injured worker cannot perform heel walking, toe walking, tandem gait, or a single leg stance using a single point cane on the right hand. He was unable to stand erect or flex forward to the right at the waist. Spasms and tenderness to palpation of the lumbar paravertebral musculature were present. Lumbar spine range of motion reveals flexion at 10 degrees out of 60 degrees, extension at 0 out of 25 degrees, and right lateral bend 0 out of 25 degrees, with left lateral bend 0 out of 25 degrees. Deep tendon reflexes at the right knee were 0/4, and the right ankle 2/4. The deep tendon reflexes were 0/4 in the right knee and right ankle, and 2/4 in the left knee and left ankle. Motor strength revealed weakness in the right hip flexor, right knee extensor, right knee flexor, and right extensor hallucis longus muscle groups at 4/5. Motor strength is 5/5 in all remaining muscle groups. The current request is for Methadone HCL 10 mg # 120, Percocet 10/325 mg # 120, and Omeprazole 20 mg # 30 with three refills.

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

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

**Methadone HCL 10 mg # 120:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Methadone Page(s): 61-62.

**Decision rationale:** Pain assessment for ongoing management should include documentation of pain relief, functional status, appropriate medication use, and side effects. Since there was no documentation provided that described improvement or relief of symptoms after use medical necessity is not supported. Additionally, Methadone is used as a second line treatment for pain relief. Since Percocet is not supported as medically necessary for this patient, the use of Methadone in this patient is also not supported.

**Percocet 10/325 mg # 120:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines On-Going Management Page(s): 78.

**Decision rationale:** California MTUS Chronic Pain Medical Treatment Guidelines state ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects are necessary for support of medical necessity. Pain assessment should include: current pain; the least reported pain over the period since last assessment; average pain; intensity of pain after taking the opioid; how long it takes for pain relief; and how long pain relief lasts. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. There was no information with regard to pain relief after use of this medication in the documentation, the intensity of pain after taking the opioid, how long it takes for pain relief, and how long pain relief lasts; therefore, medical necessity is not supported.

**Omeprazole 20 mg # 30 with three refills:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Proton Pump Inhibitors (PPIs).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs Page(s): 68.

**Decision rationale:** The California Medical Treatment Utilization Schedule Guidelines state proton pump inhibitors are recommended for patients at intermediate or high risk for gastrointestinal events. Patients with no risk factor and no cardiovascular disease do not require the use of a proton pump inhibitor. The patient has no documented risk factors for cardiovascular diseases. With all refills there should be scheduled evaluations for medication review of effectiveness. Since the injured worker has no cardiovascular disease risk factors, and the request for refills does not contain a schedule of medication review the request is not supported.