

<b>Case Number:</b>	CM15-0121557		
<b>Date Assigned:</b>	07/06/2015	<b>Date of Injury:</b>	07/25/2007
<b>Decision Date:</b>	11/20/2015	<b>UR Denial Date:</b>	06/01/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/23/2015

### 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, Massachusetts

Certification(s)/Specialty: Preventive Medicine, Occupational 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:

This injured worker is a 36-year-old female, who sustained an industrial injury on 07-25-2007. The injured worker was diagnosed as having post laminectomy syndrome of lumbar spine, neurogenic bladder, neurogenic bowel, radial styloid tenosynovitis and encounter for long-term use of other medication. On medical records dated, the subjective complaints were noted as having chronic pain in the lumbar spine and right thumb pain. Objective findings were noted as lumbar spine palpation tenderness was noted to paravertebral muscles, spasm and tenderness on both sides. Spinous process tenderness was noted at L4-L5. Treatments to date included medication and home exercise program. Current medications were listed as Prevacid, Motrin, Cymbalta, Promethazine, Methadone and Metoprolol. Methadone was noted to being tapered down from 360mg per day to 15mg per day. The Utilization Review (UR) was dated 06-01-2015. A Request for Authorization was dated 05-21-2015. The UR submitted for this medical review indicated that the request for Methadone 5mg and Butrans 10 mcg patch #4 with 1 refill were non-certified.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Butrans 10mcg patch, #4 with 1 refill: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, criteria for use, Opioids for chronic pain, Opioids, dosing.

**Decision rationale:** The IW has been taking methadone, a long acting opioid, for a number of years. It is unclear from the provided records what is the medical necessity of adding a second long acting opioid. Based on the cited guidelines, only one long acting opioid should be attempted at a time due to concern of drug interactions and adverse drug effects. Consequently, a second long acting opioid is not medically necessary at this time.

**Methadone 5mg, #90:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, criteria for use, Opioids for chronic pain.

**Decision rationale:** CA MTUS guidelines require that criteria for continued long-term use of opioids require ongoing review and documentation of pain relief, functional status improvement, appropriate use, screening of side effects and risk for abuse, diversion and dependence. From my review of the provided medical records, the patient is experiencing quantifiable improvement with ongoing use of long-acting opioids such as the prescribed medication. VAS score have improved with noted improvement in objective physical exam findings and functional capacity. There has been no escalation while the current dosage is much lower than prior dosage. UDS have been appropriate; there are no reported side effects, and no reported concerns of abuse. Additionally the injured worker reports improvement of ADLs with current opioid prescription. Consequently, the medical records and guidelines as being medically necessary support continued use of opioids.