

Case Number:	CM15-0137207		
Date Assigned:	07/27/2015	Date of Injury:	06/20/2000
Decision Date:	09/22/2015	UR Denial Date:	06/29/2015
Priority:	Standard	Application Received:	07/15/2015

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: Massachusetts

Certification(s)/Specialty: Anesthesiology, 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 64 year old male, who sustained an industrial injury on June 20, 2000. He reported chronic low back pain. The injured worker was diagnosed as having lumbar disc displacement without myelopathy, sciatica, stenosis of the lumbar spine and acquired spondylolisthesis. Treatment to date has included diagnostic studies, radiographic imaging, and epidural steroid injections of the lumbar spine, medications, chronic opioid therapy, and activity restrictions. Currently, the injured worker complains of low back pain radiating to the bilateral lower extremities. The injured worker reported an industrial injury in 2000, resulting in the above noted pain. He was treated conservatively without complete resolution of the pain. Evaluation on January 15, 2015, revealed chronic low back pain with right lower extremity symptoms. Evaluation on February 2, 2015, revealed continued pain as noted. It was noted he would like to wean from the Methadone. He reported his pain had increased significantly over the past several months. Straight leg test was negative. Methadone was continued. Evaluation on May 4, 2015, revealed low back pain radiating to bilateral lower extremities. He noted the pain was increased with prolonged sitting or standing. He noted he continued to work and was able to tolerate it with medication management. He was scheduled for transforaminal epidural steroid injection. He reported benefit with previous transforaminal epidural steroid injection (TFESI). It was noted he complained of heartburn and constipation. He also reported poor concentration, memory loss and numbness, anxiety and depression. Magnetic resonance imaging (MRI) on February 7, 2015, of the lumbar spine was noted to reveal, lumbar degenerative changes, spinal canal stenosis and chronic appearing degenerative changes. Assessment revealed no gait abnormalities an appropriate phonation and cognition. It was noted he was able to ambulate to

and sit on the examination table without difficulty. Methadone was continued. Urinary drug screen on April 7, 2015, revealed findings inconsistent with expectations. Evaluation on June 4, 2015, revealed continued pain as noted. Retrospective Methadone 10mg #360 for DOS 5/4/2015 was requested.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective Methadone 10mg #360 for DOS 5/4/2015: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment Page(s): 47-48, Chronic Pain Treatment Guidelines Opioids for chronic pain Page(s): 80-82, 124. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Chapter, Opioids.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-97.

Decision rationale: According to the MTUS Chronic Pain Medical Treatment Guidelines section on Opioids, On-Going Management, p 74-97, (a) Prescriptions from a single practitioner taken as directed, and all prescriptions from a single pharmacy. (b) The lowest possible dose should be prescribed to improve pain and function. (c) Office: Ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. 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 injured worker's decreased pain, increased level of function, or improved quality of life. Information from family members or other caregivers should be considered in determining the injured worker's response to treatment. The 4 A's for Ongoing Monitoring: Four domains have been proposed as most relevant for ongoing monitoring of chronic pain injured workers on opioids: pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant (or non-adherent) drug-related behaviors. These domains have been summarized as the "4 A's" (analgesia, activities of daily living, adverse side effects, and aberrant drug taking behaviors). The monitoring of these outcomes over time should affect therapeutic decisions and provide a framework for documentation of the clinical use of these controlled drugs. (Passik, 2000) (d) Home: To aid in pain and functioning assessment, the injured worker should be requested to keep a pain diary that includes entries such as pain triggers, and incidence of end-of-dose pain. It should be emphasized that using this diary will help in tailoring the opioid dose. This should not be a requirement for pain management. (e) Use of drug screening or in injured worker treatment with issues of abuse, addiction, or poor pain control. (f) Documentation of misuse of medications (doctor-shopping, uncontrolled drug escalation, drug diversion). (g) Continuing review of overall situation with regard to non-opioid means of pain control. (h) Consideration of a consultation with a multidisciplinary pain clinic if doses of opioids are required beyond what is usually required for the condition or pain does not improve on opioids in 3 months. Consider a psych consult if there is evidence of depression, anxiety or irritability. Additionally, the MTUS states that continued use of opioids requires: (a) the injured worker has

returned to work, (b) the injured worker has improved functioning and pain. There is current documentation of baseline pain, pain score with use of opioids, functional improvement on current regimen, side effects and review of potentially aberrant drug taking behaviors as outlined in the MTUS and as required for ongoing treatment. Therefore, at this time, the requirements for treatment have been met and medical necessity has been established.