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| Case Number: | CM15-0141176 | | |
| Date Assigned: | 07/30/2015 | Date of Injury: | 07/08/2003 |
| Decision Date: | 08/31/2015 | UR Denial Date: | 06/24/2015 |
| Priority: | Standard | Application Received: | 07/20/2015 |

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: New Jersey, Alabama, California
 Certification(s)/Specialty: Neurology, Neuromuscular 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:

The injured worker is a 48 year old female, who sustained an industrial injury on 7-8-03. The injured worker was diagnosed as having opioid dependency, status post anterior and posterior fusion at L4-S1, and elevated liver enzymes. Treatment to date has included physical therapy, epidural injections, anterior and posterior L4-S1 fusion on 6-28-06, a spinal cord stimulator trial, and medication. The injured worker had been taking Methadone and Oxycodone since at least 12-19-14. On 3-16-15, pain was rated as 4-5 of 10 with medication and 10 of 10 without medication. On 6/10/15, pain was rated as 8 of 10 with medication and 10 of 10 without medication. Currently, the injured worker complains of mid and low back pain with numbness in the left lower extremity. Left knee pain was also noted. The treating physician requested authorization for Methadone 10mg #165 and Oxycodone IR 30mg #60.

IMR ISSUES, DECISIONS AND RATIONALES

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

Methadone 10mg #165: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74,78,97.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for use of opioids, Methadone Page(s): 76-79; 61.

Decision rationale: Methadone: Recommended as a second-line drug for moderate to severe pain if the potential benefit outweighs the risk. The FDA reports that "they have received reports of severe morbidity and mortality with this medication. This appears, in part, secondary to the long half-life of the drug (8-59 hours). Pain relief on the other hand only lasts from 4-8 hours. Methadone should only be prescribed by providers experienced in using it". In addition and according to MTUS guidelines, ongoing use of opioids should follow specific rules: "(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 patient'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 patient'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 patients 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." According to the patient file, although there is a documentation of pain and functional improvement as well as compliance with methadone, the cumulative morphine equivalent was superior to 120 mg the upper limit recommended by the guidelines, as the patient is prescribed another opioid, which is oxycodone. There is no justification for the use of 2 opioids with high morphine sulfate equivalent dosage. Therefore, the request for Methadone 10mg #165 is not medically necessary.

Oxycodone IR 30mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 62 of 127.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for use of opioids. Page(s): 76-79.

Decision rationale: According to MTUS guidelines, Oxycodone as well as other short acting opioids are indicated for intermittent or breakthrough pain (page 75). It can be used in acute post operative pain. It is not recommended for chronic pain of long-term use as prescribed in this case. In addition and according to MTUS guidelines, ongoing use of opioids should follow specific rules: "(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 patient'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 patient'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 patients 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." There is no clear documentation for the need for continuous use of Oxycodone. The patient was prescribed a combination of of oxycodone and methadone with morphine sulfate equivalent dose exceeding the upper limit of the guidelines recommendation. In addition the oxycodone and methadone are metabolized by the liver and the patient was reported to have abnormal liver enzyme supporting weaning the patient from these medications. Therefore, the request for Oxycodone IR 30mg #60 is not medically necessary.