

<b>Case Number:</b>	CM15-0148981		
<b>Date Assigned:</b>	08/12/2015	<b>Date of Injury:</b>	07/22/1996
<b>Decision Date:</b>	09/14/2015	<b>UR Denial Date:</b>	07/21/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/31/2015

### 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 York  
 Certification(s)/Specialty: Anesthesiology

### 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 July 22, 1996. The injured worker was diagnosed as having primary localized osteoarthritis of the lower leg, sprain-strain of the cruciate ligament of the knee, degeneration of lumbar or lumbosacral intervertebral disc, slow transit constipation, and anxiety and depression. Treatments and evaluations to date have included bilateral knee surgeries, and medication. Currently, the injured worker reports continued low back pain, right knee pain, constipation, and less chest discomfort. The Secondary Treating Physician's report dated July 3, 2015, noted the injured worker's back pain was fairly well controlled with medications with good effects on functional tolerance. The injured worker's current medications were listed as Topamax, Citalopram Hydrobromide, Miralax Powder, ASA, Reglan, Mobic, and Methadone HCL. Physical examination was noted to show moderate paralumbar myospasms were still noted. The treatment plan was noted to include the continued present treatment program including Methadone and Mobic.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Methadone 10mg #90:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Methadone, Opioids, Criteria for Use.

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

**Decision rationale:** Methadone is recommended as a second-line drug for moderate to severe pain, only 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. Genetic differences appear to influence how an individual will respond to this medication. Delayed adverse effects may occur due to methadone accumulation during chronic administration. Systemic toxicity is more likely to occur in patients previously exposed to high doses of opioids. Multiple potential drug-drug interactions can occur with the use of Methadone. The FDA has reported severe morbidity and mortality with this medication, including QT prolongation with resultant serious arrhythmia, and respiratory depression. The guidelines note that Methadone should be given with caution to patients with decreased respiratory reserve such as asthma, COPD, sleep apnea, and severe obesity. Experienced practitioners, including pain medicine or addiction specialists, should reserve this drug for use. Methadone is considered useful for treatment when there is evidence of tolerance to other opiate agonists or when there is evidence of intractable side effects due to opiates. On-going management should include 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, the intensity of pain after taking the opioid, how long it takes for pain relief and how long the 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. In this case, the injured worker was noted to have been prescribed Methadone since at least December 2014, with the medical history of hypertension, sleep apnea, and myocardial infarction twelve years earlier. The injured worker's chest pain was noted to be better with no shortness of breath or chest pain noted. The documentation provided did not include documentation of current, objective improvement in the injured worker's pain, function, ability to perform specific activities of daily living (ADLs), work status, or dependency on continued medical treatment with the use of the Methadone. The documentation did not provide a pain assessment that addressed the injured worker's least reported pain over the period since last assessment, average pain, and the intensity of pain after taking the Methadone, how long it takes for pain relief, or how long the pain relief lasts. Based on the potential adverse effects of the long-term use of the Methadone with the injured worker's cardio-respiratory medical history, and the lack of objective, measurable improvement in pain and function, continued use of the methadone is not medically appropriate. Of note, discontinuation of an opioid analgesic should include a taper, to avoid withdrawal symptoms. The requested medication is not medically necessary.

**Mobic 15mg #30:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Mobic (Meloxicam).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory drugs) Page(s): 67-70, 72.

**Decision rationale:** Mobic (Meloxicam), is a non-steroidal anti-inflammatory drug (NSAID). Oral NSAIDs are recommended for the treatment of chronic pain and control of inflammation as a second-line therapy after acetaminophen. The ODG states that NSAIDs are recommended for acute pain, acute low back pain (LBP), short-term pain relief in chronic LBP, and short-term improvement of function in chronic LBP. There is no evidence of long-term effectiveness for pain or function. Guidelines recommended that the lowest effective dose be used for the shortest duration of time consistent with treatment goals. In this case, the injured worker was noted to have been prescribed Mobic since at least December 2014, with a medical history of hypertension and myocardial infarction. The documentation provided did not include documentation of objective, measurable improvement in the injured worker's pain, function, ability to perform specific activities of daily living (ADLs), work status, or dependency on continued medical treatment with the use of the Mobic. The documentation provided did not include evidence of transaminases monitoring. Based on the potential adverse effects of the long-term use of the Mobic with the injured worker's hypertension and cardiac medical history, and the lack of objective, measurable improvement in pain and function, continued use of the Mobic is not medically necessary. Therefore, based on the guidelines, the documentation provided did not support the medical necessity of the request for Mobic 15mg #30.