

Case Number:	CM15-0164228		
Date Assigned:	09/01/2015	Date of Injury:	01/17/2001
Decision Date:	10/19/2015	UR Denial Date:	08/06/2015
Priority:	Standard	Application Received:	08/21/2015

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: Internal 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 58 year old female, who sustained an industrial injury on 1-17-2001. She reported back pain. The mechanism of injury is unclear. The injured worker was diagnosed as having lumbar post-laminectomy syndrome, lumbar radiculopathy, and lumbosacral spondylosis without myelopathy. Treatment to date has included medications, urine drug screen (7-11-2014). The request is for Methadone 10 mg, Methadone 10mg, Ultram 50mg, and Percocet 5-325mg. On 6-25-2015, she reported low back and bilateral leg pain. She rated her pain 9 out of 10, and indicated a functional impairment of severely interfering with most but not all of her daily activities. She indicated the frequency and duration of her pain to be unchanged. She reported the effectiveness of her medication to be unchanged. Current medications are: Methadone HCL 10mg, Meloxicam 7.5mg, Percocet 5-325mg, and Ultram 50mg. She is noted to have allergies to Soma, and sulfanilamide. Side effects noted are nausea. No concerning behavior is noted. The treatment plan included: continuing with medications. She is noted to have a significant improvement of function and quality of life with medications. On 7-23-2015, she rated her low back and bilateral leg pain 8 out of 10. She indicated a functional impairment of severely interfering with most but not all of her daily activities. She indicated the frequency and duration of her pain to be unchanged. She reported the effectiveness of her medication to be unchanged. Current medications are: Percocet 5-325mg, Methadone HCL 10mg, Methadone HCL 10mg, Meloxicam 7.5mg, Percocet 5-325mg, and Ultram 50mg.

IMR ISSUES, DECISIONS AND RATIONALES

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

Methadone 10mg, quantity: 17: 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): Methadone.

Decision rationale: The CA MTUS states that Methadone is 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. The CA MTUS gives specific steps for prescribing methadone: 1) Basic rule: Weigh the risks and benefits before prescribing methadone. Avoid prescribing 40 mg Methadone tablets for chronic non-malignant pain. This product is only FDA-approved for detoxification and maintenance of narcotic addiction. Closely monitor patients who receive methadone, especially during treatment initiation and dose adjustments. (2) Know the information that is vital to give the patient: Don't be tempted to take more methadone than prescribed if you are not getting pain relief. This can lead to a dangerous build-up that can cause death. All changes in methadone dose should be made by your treating practitioner. Methadone can make your breath slow down, or actually stop. Methadone can slow down your heartbeat and you might not be able to detect this. If you feel like you are having an irregular heartbeat, dizziness, light-headedness or fainting, call your doctor or clinic immediately. (3) Be familiar with the current SAMHSA health advisory on methadone - The medication has become more accessible to unauthorized users. It can accumulate in potentially harmful doses (especially during the first few days of treatment). There has been a rise in Methadone-associated mortality. (4) Be familiar with the FDA final policy statement on Methadone that explicitly discusses the topic, "Can Methadone be used for pain control?" No separate registration is required to prescribe methadone for treatment of pain. (5) Read the new prescribing information for Methadone and the new patient information section. (6) Multiple potential drug-drug interactions can occur with the use of Methadone. A complete list of medications should be obtained prior to prescribing methadone to avoid adverse events, and the patient should be warned to inform any other treating physician that they are taking this medication prior to starting and/or discontinuing medications. The CA MTUS indicates the 4 A's for ongoing monitoring of opioids should be documented for analgesia, activities of daily living, adverse side effects, and aberrant drug taking behaviors. The CA MTUS Chronic Pain Medical Treatment Guidelines indicates that management of opioid therapy should include ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Pain assessment should include: current pain level; the least reported pain over the period since last assessment; average pain level; intensity of pain after taking the opioid; how long it takes for pain relief; and how long pain relief lasts with the use of the opioid. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life.

According to the CA MTUS all therapies must be focused on the goal of functional restoration rather than just the elimination of pain and assessment of treatment efficacy is accomplished by reporting functional improvement, with functional improvement being documented in reduction of pain, increased pain control, and improved quality of life. Functional improvement means either a clinically significant improvement in activities of daily living or a reduction in work restrictions as measured during the history and physical exam, performed and documented as

part of the evaluation and management visit; and a reduction in the dependency on continued medical treatment. In this case, there is no discussion of: the least reported pain over the period since last assessment; average pain level; intensity of pain after taking the opioid; how long it takes for pain relief; and how long pain relief lasts with the use of the opioid. There is discussion of side effect of nausea to medications and no aberrant behaviors. She indicated having difficulty with functional impairment of severely interfering with most but not all of her daily activities. A current work status is not clear. There is a lack of functional improvement with the treatment already provided. The treating physician did not provide sufficient evidence of improvement in the work status, activities of daily living, and dependency on continued medical care. Of note, discontinuation should include a taper to avoid withdrawal symptoms. The request for Methadone 10mg, quantity: 17 is not medically necessary.

Methadone 10mg, quantity: 73: 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): Methadone.

Decision rationale: The CA MTUS states that Methadone is 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. The CA MTUS gives specific steps for prescribing methadone: 1) Basic rule: Weigh the risks and benefits before prescribing methadone. Avoid prescribing 40 mg Methadone tablets for chronic non-malignant pain. This product is only FDA-approved for detoxification and maintenance of narcotic addiction. Closely monitor patients who receive methadone, especially during treatment initiation and dose adjustments. (2) Know the information that is vital to give the patient: Don't be tempted to take more methadone than prescribed if you are not getting pain relief. This can lead to a dangerous build-up that can cause death. All changes in methadone dose should be made by your treating practitioner. Methadone can make your breath slow down, or actually stop. Methadone can slow down your heartbeat and you might not be able to detect this. If you feel like you are having an irregular heartbeat, dizziness, light-headedness or fainting, call your doctor or clinic immediately. (3) Be familiar with the current SAMHSA health advisory on methadone - The medication has become more accessible to unauthorized users. It can accumulate in potentially harmful doses (especially during the first few days of treatment. There has been a rise in Methadone-associated mortality. (4) Be familiar with the FDA final policy statement on Methadone that explicitly discusses the topic, "Can Methadone be used for pain control?" No separate registration is required to prescribe methadone for treatment of pain. (5) Read the new prescribing information for Methadone and the new patient information section. (6) Multiple potential drug-drug interactions can occur with the use of Methadone. A complete list of medications should be obtained prior to prescribing methadone to avoid adverse events, and the patient should be warned to inform any other treating physician that they are taking this medication prior to starting and/or discontinuing medications. The CA MTUS indicates the 4 A's for ongoing monitoring of opioids should be documented for analgesia, activities of daily living, adverse side effects, and aberrant drug taking behaviors. The CA MTUS Chronic Pain Medical Treatment Guidelines indicates that management of opioid therapy should include ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Pain assessment should include:

current pain level; the least reported pain over the period since last assessment; average pain level; intensity of pain after taking the opioid; how long it takes for pain relief; and how long pain relief lasts with the use of the opioid. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. According to the CA MTUS all therapies must be focused on the goal of functional restoration rather than just the elimination of pain and assessment of treatment efficacy is accomplished by reporting functional improvement, with functional improvement being documented in reduction of pain, increased pain control, and improved quality of life. Functional improvement means either a clinically significant improvement in activities of daily living or a reduction in work restrictions as measured during the history and physical exam, performed and documented as part of the evaluation and management visit; and a reduction in the dependency on continued medical treatment. In this case, there is no discussion of: the least reported pain over the period since last assessment; average pain level; intensity of pain after taking the opioid; how long it takes for pain relief; and how long pain relief lasts with the use of the opioid. There is discussion of side effect of nausea to medications and no aberrant behaviors. She indicated having difficulty with functional impairment of severely interfering with most but not all of her daily activities. A current work status is not clear. There is a lack of functional improvement with the treatment already provided. The treating physician did not provide sufficient evidence of improvement in the work status, activities of daily living, and dependency on continued medical care. Of note, discontinuation should include a taper to avoid withdrawal symptoms. The request for Methadone 10mg, quantity: 73 is not medically necessary.

Ultram 50mg, quantity: 180: 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, California Controlled Substance Utilization Review and Evaluation System (CURES) [DWC], Opioids for chronic pain.

Decision rationale: Per the CA MTUS, Tramadol (Ultram) is a synthetic opioid affecting the central nervous system that is not recommended as a first line oral analgesic. The CA MTUS indicates the 4 A's for ongoing monitoring should be documented for analgesia, activities of daily living, adverse side effects, and aberrant drug taking behaviors. The CA MTUS indicates opioids for neuropathic pain are not recommended as a first line therapy. Opioid analgesics and Tramadol have been suggested as a second line treatment (alone or in combination with first line drugs). The MTUS recommends prescribing according to function, with specific functional goals, return to work, random drug testing, and opioid contract. The CA MTUS Chronic Pain Medical Treatment Guidelines indicates that management of opioid therapy 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; 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. According to the CA MTUS all therapies must be focused on the goal of functional restoration rather than just the elimination of pain and assessment of treatment efficacy is accomplished by reporting functional improvement, with functional improvement being documented in reduction of pain, increased pain control, and improved quality of life. Functional improvement means either a clinically significant improvement in activities of daily living or a reduction in work restrictions as measured during

the history and physical exam, performed and documented as part of the evaluation and management visit; and a reduction in the dependency on continued medical treatment. In this case, there is no discussion of: the least reported pain over the period since last assessment; average pain level; intensity of pain after taking the opioid; how long it takes for pain relief; and how long pain relief lasts with the use of the opioid. There is discussion of side effect of nausea to medications and no aberrant behaviors. She indicated having difficulty with functional impairment of severely interfering with most but not all of her daily activities. A current work status is not clear. There is a lack of functional improvement with the treatment already provided. The treating physician did not provide sufficient evidence of improvement in the work status, activities of daily living, and dependency on continued medical care. The requested treatment: Ultram 50mg, quantity: 180 is not medically necessary.

Percocet 5/325mg, quantity: 90: 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, California Controlled Substance Utilization Review and Evaluation System (CURES) [DWC], Opioids for chronic pain.

Decision rationale: Per the CA MTUS guidelines Percocet is the brand name of an Oxycodone and Acetaminophen combination drug. Oxycodone is a potentially addictive opioid analgesic medication. The CA MTUS guidelines state there are 4 A's for ongoing monitoring of opioids: analgesia, activities of daily living, adverse side effects, and aberrant drug taking behaviors. Ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Pain assessment should include: current pain level, the least reported pain over the period since the last assessment; average pain level, intensity of pain after taking the opioid; how long it takes for pain relief; and how long pain relief lasts. A satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. The dosage of Percocet is based on the oxycodone content and should be administered every 4 to 6 hours as needed for pain. Percocet dosage initially is 2.5 to 5 mg by mouth every 4 to 6 hours as needed. The maximum daily dose of Percocet is based on the acetaminophen content (maximum 4000mg/day). For more severe pain the dose of Percocet (based on oxycodone) is 10-30mg every 4 to 6 hours as needed for pain. The dose of Percocet should be reduced in patients with severe liver disease. According to the CA MTUS all therapies must be focused on the goal of functional restoration rather than just the elimination of pain and assessment of treatment efficacy is accomplished by reporting functional improvement, with functional improvement being documented in reduction of pain, increased pain control, and improved quality of life. Functional improvement means either a clinically significant improvement in activities of daily living or a reduction in work restrictions as measured during the history and physical exam, performed and documented as part of the evaluation and management visit; and a reduction in the dependency on continued medical treatment. In this case, there is no discussion of: the least reported pain over the period since last assessment; average pain level; intensity of pain after taking the opioid; how long it takes for pain relief; and how long pain relief lasts with the use of the opioid. There is discussion of side effect of nausea to medications and no aberrant behaviors. She indicated having difficulty with functional impairment of severely interfering with most but not all of her daily activities. A current work status is not clear. There is a lack of functional improvement with the treatment

already provided. The treating physician did not provide sufficient evidence of improvement in the work status, activities of daily living, and dependency on continued medical care. Therefore, the request for Percocet 5/325mg, quantity: 90 is not medically necessary.