

Case Number:	CM15-0180901		
Date Assigned:	09/18/2015	Date of Injury:	10/16/1998
Decision Date:	10/22/2015	UR Denial Date:	08/18/2015
Priority:	Standard	Application Received:	09/14/2015

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: Physical Medicine & Rehabilitation, 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 51 year old male, who sustained an industrial injury on 10-16-1998. The injured worker was diagnosed as having lumbago, thoracic or lumbosacral neuritis, not otherwise specified, testicular hypofunction, not otherwise classified, and lumbar disc displacement without myelopathy. Treatment to date has included diagnostics, multiple injections, physical therapy, transcutaneous electrical nerve stimulation unit, biofeedback, "surgery" in 1998, and medications. Currently (8-11-2015), the injured worker complains of "moderate" lower back and right leg pain, "doing more or less the same today". His pain level was rated 3 out of 10 with medications (documented as "stayed the same" and unchanged from 7-15-2015), but it was documented that when he didn't receive all his medications, his highest pain level was 9 out of 10. He reported that the combination provided him enough relief to run errands and take care of his spouse, who suffered from psoriasis and anxiety. His spouse was able to carry the heavy items while grocery shopping and he was able to complete all other activities of daily living. Current medications included Methadone 10mg-two tablets three times daily, Neurontin 600mg three times daily, Oxycontin 60mg three times daily, Pantoprazole, Androderm 4mg-24 hours patch at bedtime, Amitriptyline 25mg-two at bedtime, Detrol LA, and Aspirin. His medical history was documented as high triglycerides and surgical history was documented as partial lung removal in 1985, discectomy in 1998, and bilateral carpal tunnel in 1994. His work status was "unemployed-was laid off". Exam of the lumbar spine noted loss of normal lordosis with straightening of the lumbar spine, painful lumbar movements with flexion beyond 65 degrees and extension beyond 15 degrees, spasm and tenderness of the paravertebral muscles, positive straight leg raise test, and positive FABER test. Motor and reflex exams were documented as normal. Chronic and stable

narcotic use was documented, without issues of misuse or diversion documented. It was documented that tapering was not indicated due to continued improved function, as well as reduced pain levels on his medications, without evidence of escalation. Urine toxicology was not submitted. His medication regimen appeared unchanged since at least 2-19-2015, at which time pain was rated 4 out of 10 with medications and 8-9 out of 10 without. The treatment plan included Methadone 10mg #180 with 1 refill (modified to #135 with no refill), Elavil 50mg #30 with 1 refill (certified), Protonix 40mg #30 with 1 refill (certified), Gabapentin 600mg #90 with 1 refill (certified), Oxycontin 60mg #90 with 1 refill (modified to #68 with no refill), and Androderm 4mg #30 with 1 refill (non-certified), with Utilization Review determination noted 8-18-2015.

IMR ISSUES, DECISIONS AND RATIONALES

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

Methadone 10mg #180 Refill: 1: 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, dosing.

Decision rationale: The claimant has a remote history of a work injury occurring in October 1998 and continues to be treated for chronic low back and right lower extremity pain. Medications are referenced as decreasing pain from 9/10 to 3/10. When seen, he was continuing to use a cane and had an antalgic gait. Physical examination findings included straightening of the lumbar spine with decreased lordosis. There was decreased and painful lumbar spine range of motion with paraspinal muscle spasms and tenderness. There was positive straight leg raising and positive Fabere testing. Medications included methadone and OxyContin being prescribed at a total MED (morphine equivalent dose) of 870 mg per day. Medications also include Androderm. Guidelines recommend against opioid dosing is in excess of 120 mg oral morphine equivalents per day. In this case, the total MED being prescribed is more than seven times that recommended. Although the claimant has chronic pain and the use of opioid medication may be appropriate, there are no unique features of this case that would support dosing at this level, and weaning of the currently prescribed medications is not being actively done. Ongoing prescribing of methadone at this dose is not considered medically necessary.

Oxycontin 60mg # 90, Refill: 1: 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, dosing.

Decision rationale: Guidelines recommend against opioid dosing is in excess of 120 mg oral morphine equivalents per day. In this case, the total MED being prescribed is more than seven times that recommended. Although the claimant has chronic pain and the use of opioid medication may be appropriate, there are no unique features of this case that would support dosing at this level, and weaning of the currently prescribed medications is not being actively done. Ongoing prescribing of OxyContin at this dose is not considered medically necessary.

Androderm 4mg #30 (Refill: 1): Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Testosterone replacement for hypogonadism (related to opioids).

Decision rationale: Testosterone replacement for hypogonadism related to opioid use can be recommended in limited circumstances for patients taking high-dose long-term opioids with documented low testosterone levels. In this case, there were no lab test results submitted that demonstrate that the claimant has a low testosterone level. Based on the information provided, Androderm cannot be accepted as being medically necessary.