

Case Number:	CM15-0182742		
Date Assigned:	09/23/2015	Date of Injury:	06/15/2000
Decision Date:	11/06/2015	UR Denial Date:	08/17/2015
Priority:	Standard	Application Received:	09/17/2015

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: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 47 year old male, who sustained an industrial injury on June 15, 2000. He reported injury to his back. The injured worker was currently diagnosed as having spinal stenosis of lumbar region, lumbago, unilateral or unspecified inguinal hernia with obstruction and carpal tunnel syndrome. Treatment to date has included diagnostic studies, medication, surgery, chiropractic treatment, physical therapy, occupational therapy and injections. On July 21, 2015, the injured worker complained of ongoing severe pain in his lower back and bilateral legs. He reported some swelling in his bilateral feet, since his last exam visit, but no change in his general pain levels. The pain was rated as a 10 plus on a 1-10 pain scale without medications and as a 7-9 on the pain scale, most of the time, with medications. Notes stated that his lack of response to hip injections suggested that his pain was now completely radicular. The treatment plan included Valium, Norco, methadone, Hysingla ER and a follow-up visit. A request was made for Valium 10mg #30 and Methadone 10mg #90.

IMR ISSUES, DECISIONS AND RATIONALES

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

Valium 10mg, oral tablet, take 1 pill by mouth, daily, times one month, #30: 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): Benzodiazepines.

Decision rationale: The current request is for VALIUM 10MG, ORAL TABLET, TAKE 1 PILL BY MOUTH, DAILY, TIMES ONE MONTH, #30. The RFA is dated 07/31/15. Treatment to date has included diagnostic studies, medication, lower back surgery, carpal tunnel release, chiropractic treatment, physical therapy, occupational therapy and injections. The patient is TTD. MTUS Guidelines, Benzodiazepines section, page 24 states: "Not recommended for long-term use because long-term efficacy is unproven and there is a risk of dependence. Most guidelines limit use to 4 weeks. Their range of action includes sedative/hypnotic, anxiolytic, anticonvulsant, and muscle relaxant. Chronic benzodiazepines are the treatment of choice in very few conditions. Tolerance to hypnotic effects develops rapidly. Tolerance to anxiolytic effects occurs within months and long-term use may actually increase anxiety. A more appropriate treatment for anxiety disorder is an antidepressant. Tolerance to anticonvulsant and muscle relaxant effects occurs within weeks." Per report 07/21/15, the patient presents with ongoing severe pain in his lower back and bilateral legs. He reported some swelling in his bilateral feet, since his last exam visit, but no change in his general pain levels. The pain was rated as a 10 plus on a 1-10 pain scale without medications and as a 7-9 on the pain scale, with medications. The patient states that with medications he is able to be mobile enough to get out of bed, cook meals, drive, go to appointments and do minor cleaning around the house. Per report 03/24/15, the patient has a medication contract signed from November 2014 and UDS is performed every 6 months. The patient presented no aberrant behaviors, and has no complaints of side effects. The treater further states that the patient is stable on current medications and has failed other opiate treatments. In regard to the request for Valium, the requesting provider has exceeded recommended duration of therapy for this class of medications. This patient has been prescribed Valium since at least 10/27/10, and MTUS guidelines do not support the use of this class of medications for long-term use due to risk of dependence and loss of efficacy over time. While this patient presents with multiple chronic pain complaints, 30 tablets in addition to prior use exceeds guideline recommendations and cannot be substantiated. Therefore, the request IS NOT medically necessary.

Methadone 10mg, #90, oral tablet, take 1 pill by mouth three times a day, for one month, #90: Overturned

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): Medications for chronic pain, Opioids, criteria for use.

Decision rationale: The current request is for METHADONE 10MG, #90, ORAL TABLET, TAKE 1 PILL BY MOUTH THREE TIMES A DAY, FOR ONE MONTH, #90. The RFA is dated 07/31/15. Treatment to date has included diagnostic studies, medication, lower back

surgery, carpal tunnel release, chiropractic treatment, physical therapy, occupational therapy and injections. The patient is TTD. MTUS, CRITERIA FOR USE OF OPIOIDS Section, pages 88 and 89 states, "Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." MTUS, CRITERIA FOR USE OF OPIOIDS Section, page 78 also requires documentation of the 4As (analgesia, ADLs, adverse side effects, and adverse behavior), as well as "pain assessment" or outcome measures that include current pain, average pain, least pain, intensity of pain after taking the opioid, time it takes for medication to work and duration of pain relief. MTUS, CRITERIA FOR USE OF OPIOIDS Section, p77, states that "function should include social, physical, psychological, daily and work activities, and should be performed using a validated instrument or numerical rating scale." MTUS, MEDICATIONS FOR CHRONIC PAIN Section, page 60 states that "Relief of pain with the use of medications is generally temporary, and measures of the lasting benefit from this modality should include evaluating the effect of pain relief in relationship to improvements in function and increased activity." Per report 07/21/15, the patient presents with ongoing severe pain in his lower back and bilateral legs. He reported some swelling in his bilateral feet, since his last exam visit, but no change in his general pain levels. The patient has been prescribed Methadone since at least 04/24/14. The pain was rated as a 10 plus on a 1-10 pain scale without medications and as a 7-9 on the pain scale, with medications. The patient states that with medications he is able to be mobile enough to get out of bed, cook meals, drive, go to appointments and do minor cleaning around the house. Per report 03/24/15, the patient has a medication contract signed from November 2014 and UDS is performed every 6 months. The patient presented no aberrant behaviors, and has no complaints of side effects. The treater further states that the patient is stable on current medications and has failed other opiate treatments. In this case, the 4A's have been addressed, and adequate documentation has been provided including numeric scales and functional measures that show significant improvement. The request appears to be in accordance with guidelines. Therefore, this request IS medically necessary.

Methadone 10mg, #90, oral tablet, take 1 pill by mouth three times a day, for one month, #90: Overturned

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): Medications for chronic pain, Opioids, criteria for use.

Decision rationale: The current request is for METHADONE 10MG, #90, ORAL TABLET, TAKE 1 PILL BY MOUTH THREE TIMES A DAY, FOR ONE MONTH, #90. The RFA is dated 07/31/15. Treatment to date has included diagnostic studies, medication, lower back surgery, carpal tunnel release, chiropractic treatment, physical therapy, occupational therapy and injections. The patient is TTD. MTUS, CRITERIA FOR USE OF OPIOIDS Section, pages 88 and 89 states, "Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." MTUS, CRITERIA FOR USE OF OPIOIDS Section, page 78 also requires documentation of the 4As (analgesia, ADLs, adverse side effects, and adverse behavior), as well as "pain assessment" or outcome measures

that include current pain, average pain, least pain, intensity of pain after taking the opioid, time it takes for medication to work and duration of pain relief. MTUS, CRITERIA FOR USE OF OPIOIDS Section, p77, states that "function should include social, physical, psychological, daily and work activities, and should be performed using a validated instrument or numerical rating scale." MTUS, MEDICATIONS FOR CHRONIC PAIN Section, page 60 states that "Relief of pain with the use of medications is generally temporary, and measures of the lasting benefit from this modality should include evaluating the effect of pain relief in relationship to improvements in function and increased activity." Per report 07/21/15, the patient presents with ongoing severe pain in his lower back and bilateral legs. He reported some swelling in his bilateral feet, since his last exam visit, but no change in his general pain levels. The patient has been prescribed Methadone since at least 04/24/14. The pain was rated as a 10 plus on a 1-10 pain scale without medications and as a 7-9 on the pain scale, with medications. The patient states that with medications he is able to be mobile enough to get out of bed, cook meals, drive, go to appointments and do minor cleaning around the house. Per report 03/24/15, the patient has a medication contract signed from November 2014 and UDS is performed every 6 months. The patient presented no aberrant behaviors, and has no complaints of side effects. The treater further states that the patient is stable on current medications and has failed other opiate treatments. In this case, the 4A's have been addressed, and adequate documentation has been provided including numeric scales and functional measures that show significant improvement. The request appears to be in accordance with guidelines. Therefore, this request IS medically necessary.