

Case Number:	CM15-0188178		
Date Assigned:	09/30/2015	Date of Injury:	12/05/2007
Decision Date:	11/13/2015	UR Denial Date:	09/18/2015
Priority:	Standard	Application Received:	09/25/2015

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 35 year old male, who sustained an industrial injury on 12-5-07. The injured worker is being treated for lumbosacral spondylosis without myelopathy, degenerative lumbar-lumbosacral intervertebral disc disease, epigastric abdominal pain, pain in ankle joint and foot. Urine drug screen performed on 1-29-15 was noted to be consistent with medications prescribed. Treatment to date has included oral medications including Lorzone, Lyrica, Methadone, Percocet, Propranolol, Soma, Zanaflex and Lisinopril and topical Fentanyl patches, home exercise program and activity modifications. On 9-8-15, the injured worker complains of low back pain with occasional radicular pain, right foot pain, abdominal pain and history of traumatic injury; he notes medications are helping him to function and rates the pain, mood and functional level 7 out of 10. He also complains of poor sleep quality due to pain and is not using a sleep aid. Work status is noted to be disabled. On 9-8-15 the physical exam revealed leg pain and low back pain, no assistive device for ambulation, no new neurological deficit and low back pain is greater than leg pain overall. A request for authorization was submitted on 9-8-15 for TN1 to right elbow, Propranolol 60mg #60, Methadone 5mg #60, Percocet 10-325mg #120, Fentanyl patch #15, Soma #60, Lyrica 150 #90, Zanaflex 4mg #60 and Lisinopril 10mg #30.

IMR ISSUES, DECISIONS AND RATIONALES

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

Methadone 5mg #60: 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, Opioids, criteria for use, Opioids for chronic pain, Opioids, dosing, Opioids, long-term assessment.

Decision rationale: The claimant sustained a work related injury in December 2007 when he was involved in a front-end motor vehicle collision. He sustained multiple traumatic injuries and was hospitalized for more than two weeks. He continues to be treated for low back and leg pain. When seen, pain was rated at 7/10. He was having difficulty sleeping due to pain. Physical examination findings included a body mass index over 30. He was ambulating without an assistive device. Medications prescribed included methadone, fentanyl, and Percocet. The total MED (morphine equivalent dose) was 220 mg per day. Methadone is a sustained release opioid used for treating baseline pain. In this case, it is being prescribed as part of the claimant's ongoing management. Although there are no identified issues of abuse or addiction, the total MED is in excess of 120 mg per day, there is no documentation that this medication is currently providing decreased pain through documentation of VAS pain scores or specific examples of how this medication is resulting in an increased level of function or improved quality of life. Another long-acting opioid medication, Fentanyl is being prescribed which is duplicative. Continued prescribing is not considered medically necessary.

Compound cream TN1: 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): Topical Analgesics.

Decision rationale: The claimant sustained a work related injury in December 2007 when he was involved in a front-end motor vehicle collision. He sustained multiple traumatic injuries and was hospitalized for more than two weeks. He continues to be treated for low back and leg pain. When seen, pain was rated at 7/10. He was having difficulty sleeping due to pain. Physical examination findings included a body mass index over 30. He was ambulating without an assistive device. Medications prescribed included methadone, fentanyl, and Percocet. The total MED (morphine equivalent dose) was 220 mg per day. Topical compounded cream was being prescribed for the right elbow. In terms of TN1, there is little to no research to support the use of compounded topical Tramadol. Oral Neurontin (gabapentin) has been shown to be effective in the treatment of painful diabetic neuropathy and postherpetic neuralgia and has been considered as a first-line treatment for neuropathic pain. Its use as a topical product is not recommended. Any compounded product that contains at least one drug or drug class that is not recommended is not recommended. By prescribing a compounded medication, in addition to increased risk of adverse side effects, it would be difficult or impossible to determine whether any derived benefit was due to a particular component. In this case, there are other single component topical treatments that could be considered. This medication is not medically necessary.

