

Case Number:	CM15-0192470		
Date Assigned:	10/06/2015	Date of Injury:	01/22/2001
Decision Date:	11/13/2015	UR Denial Date:	09/09/2015
Priority:	Standard	Application Received:	09/30/2015

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: Connecticut, California, Virginia

Certification(s)/Specialty: Preventive Medicine, Occupational 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 52 year old male who sustained an industrial injury on 01-22-2001. Medical records indicated the worker was treated for post laminectomy syndrome (status post fusion of the neck in 2001, and status post fusion of the back 2002), cervicobrachial neuritis or radiculitis, cervical sprain-strain, and thoraco-lumbar neuritis or radiculitis and a neurogenic bowel. In the provider notes of 08-06-2015, the worker experiences constant daily back pain, as high as 9 on a scale of 0-10, as high as 9 on a scale of 0-10, and as low as 5 pm a scale of 0-10. His pain is typically at a 7. Walking and standing makes his pain worse and it moves down the buttocks and legs into the feet. He has had issues with abdominal bloating due to a recent change in his medication regimen, and also reported an issue with urination and voiding. No evaluation of the neuromuscular symptoms was evident in the notes of 08-06-2015. He has been on Methadone, Duragesic, and Neurontin since at least 04-19-2012. A spinal cord stimulator implant (04-19-2012) failed. The work status is for semi-sedentary work only with the ability to sit and stand as needed. A request for authorization was submitted for 1. Methadone 10mg, #240 2. Duragesic 100mcg, #15, 3. Neurontin 800mg, #90. A utilization review decision 09-09-2015 non-certified Methadone 10mg, #240, Duragesic 100mcg, #15 modified, Neurontin 800mg, #90 to certification of Neurontin 800mg #63.

IMR ISSUES, DECISIONS AND RATIONALES

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

Methadone 10mg, #240: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, criteria for use.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids for chronic pain, Opioids, criteria for use, Opioids for neuropathic pain, Opioids, long-term assessment, Opioids, specific drug list.

Decision rationale: Chronic use of opioids is addressed thoroughly by the MTUS chronic pain guidelines and given the long history of pain in this patient since the initial date of injury, consideration of the MTUS Criteria for Use of Opioids in chronic pain is appropriate. Documentation of pain and functional improvement are critical components, along with documentation of adverse effects. While the MTUS does not specifically detail a set visit frequency for re-evaluation, recommended duration between visits is 1 to 6 months. In this case, the patient clearly warrants close monitoring and treatment, to include close follow up regarding improvement in pain/function; consideration of additional expertise in pain management should be considered if there is no evidence of improvement in the long term. More detailed consideration of long-term treatment goals for pain (specifically aimed at decreased need for opioids), and further elaboration on dosing expectations in this case would be valuable. Consideration of other pain treatment modalities and adjuvants is also recommended. Utilization Review reasonably non-certified the requests for both methadone and fentanyl patches (Duragesic) to facilitate appropriate weaning as prior reviews have attempted to do the same. Given the lack of clear evidence to support functional improvement on the medications and the chronic risk of continued treatment, the requests for both methadone and Duragesic are not considered medically necessary.

Duragesic 100mcg, #15: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Duragesic (fentanyl transdermal system).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, criteria for use, Opioids for chronic pain, Opioids for neuropathic pain, Opioids, specific drug list.

Decision rationale: Chronic use of opioids is addressed thoroughly by the MTUS chronic pain guidelines and given the long history of pain in this patient since the initial date of injury, consideration of the MTUS Criteria for Use of Opioids in chronic pain is appropriate. Documentation of pain and functional improvement are critical components, along with documentation of adverse effects. While the MTUS does not specifically detail a set visit frequency for re-evaluation, recommended duration between visits is 1 to 6 months. In this case, the patient clearly warrants close monitoring and treatment, to include close follow up regarding improvement in pain/function; consideration of additional expertise in pain management should be considered if there is no evidence of improvement in the long term. More detailed

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Neurontin 800mg, #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Anti-epilepsy drugs (AEDs).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Anti-epilepsy drugs (AEDs).

Decision rationale: Anti-epilepsy medications like Neurontin (Gabapentin) are recommended for neuropathic pain; in this case, there is not clear objective evidence of value in use of this medication. The patient has been on the medication chronically, but it does not appear that efficacy has been established, and the use of an antiepileptic therefore becomes a questionable treatment modality. Therefore, without clear evidence for efficacy and uncertainty as to the added clinical value of the drug, the request for Neurontin cannot be considered medically necessary based on the provided records, and weaning is indicated.