

<b>Case Number:</b>	CM15-0194876		
<b>Date Assigned:</b>	10/08/2015	<b>Date of Injury:</b>	11/01/1989
<b>Decision Date:</b>	11/18/2015	<b>UR Denial Date:</b>	09/18/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/05/2015

### 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 57 year old male, who sustained an industrial injury on 11-01-1989. The injured worker was diagnosed as having lumbar nerve root injury, arachnoiditis, muscle spasm, lumbar discogenic degeneration, and epidural fibrosis, and debilitation, dry mouth secondary to narcotics, vascular stasis ulcers, reflex sympathetic dystrophy, and headache. Treatment to date has included diagnostics and medications. Most recently (8-12-2015), the injured worker complains of back pain "stabilized last month, but is getting to be more severe", currently not numerically rated. He remained bent over to the left side at the lumbar spine and reported having trouble walking. He also reported "severe, unrelenting pain in the head and mouth" and wanted to consider the implantable pump again. The treating physician documented that "his pain is still severe, but he does not use all the medication that is prescribed at the rate of prescription". The treating physician documented that he has severe back and leg pain and "his daily activities are more diminished than ever" and he needed "24 hour care and assistance", noting food preparation, bathing, toileting, housecleaning, transportation, and "general basic care". Current medications included Oxycontin 80mg (5 tabs daily), Docusate, Valium, Methadone 10mg (5 tabs daily), Baclofen, Neurontin, Oxycodone 15mg (4 times daily), Fentora 400mcgm (three times daily), and "topical cream". It was documented that he required topical cream to provide adequate pain relief without intolerable side effects and that he has "failed to get enough relief from oral medications". The use of Methadone as currently prescribed was noted since at least 3-2015. Urine toxicology report (6-17-2015) noted results inconsistent with prescribed medications. Physical exam noted the need for a cane, walker, or motorized wheelchair for ambulation. He had bilateral foot swelling

due to the reflex sympathetic dystrophy, ankle and knee jerks 1+, decreased lumbar range of motion, positive bilateral straight leg raise, hypersensitivity in both calves and feet, stasis ulcers on both legs, right foot colder and more sensitive than the left, and "weaker all over". Medication refills were recommended. The treatment plan included Methadone 10mg #150, modified to Methadone 10mg #40 by Utilization Review on 9-18-2015.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**Methadone 10mg #150:** 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, criteria for use, Opioids, dosing, Opioids, long-term assessment.

**Decision rationale:** The claimant has a remote history of a work injury occurring in November 1989 when he struck his back on an iron scaffold. In March 2015 his pain had stabilized since a fall in a shower the month before. He had ongoing many severe pain problems. Medications included Valium and Baclofen. Prior muscle relaxants had included Flexeril. An MRI of the cervical spine in April 2015 included findings of multilevel foraminal narrowing and compromise without reported canal stenosis. When seen in August 2015 he was considering reimplantation of an opioid pump. A prior opioid pump had been implanted but was removed due to infection contamination from a dental infection. He has extensive epidural scar tissue. He was having severe head and mouth pain. He had tried reducing medications but had increased pain. He had a low activity level. Physical examination findings included presenting in a wheelchair. There was decreased and painful lumbar spine range of motion. He had unstable gait. Straight leg raising was positive bilaterally. He had lower extremity hypersensitivity. He had bilateral lower extremity stasis ulcers. There were findings consistent with a diagnosis of CRPS. His medications were refilled. Methadone, OxyContin, Oxycodone and Fentora were being prescribed at a total MED (morphine equivalent dose) in excess of 1200 mg per day. 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 10 times that recommended. There are no unique features of this case that would support dosing at this level and there is no documentation that this medication is providing decreased pain, an increased level of function, or improved quality of life. Weaning of the currently prescribed medications is not being actively done. Ongoing prescribing of methadone at this dose is not considered medically necessary.