

Case Number:	CM15-0196068		
Date Assigned:	10/09/2015	Date of Injury:	09/05/2012
Decision Date:	11/19/2015	UR Denial Date:	09/02/2015
Priority:	Standard	Application Received:	10/06/2015

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, Oregon, Washington
 Certification(s)/Specialty: Orthopedic Surgery

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This is a 53 year old male with a date of injury of September 5, 2012. A review of the medical records indicates that the injured worker is undergoing treatment for lumbago, knee pain, and encounter for long term use of medications. Medical records dated June 17, 2015 indicate that the injured worker complained of lower back pain and knee pain, and pain rated at a level of 8 out of 10 with medications. Records also indicate that the injured worker was able to cook, do laundry, shop, bathe, dress, and drive. A progress note dated August 11, 2015 documented complaints of persistent back and knee pain rated at a level of 7 out of 10 with medications and 10 out of 10 without medications, and "A lot of anhedonia". The documentation also indicated that the injured worker was now able to garden. Per the treating physician (August 11, 2015), the employee has not returned to work. The physical exam dated June 17, 2015 reveals tenderness to palpation of the joint line of the bilateral knee, positive patellar grind bilaterally, positive McMurray's test bilaterally, tenderness at the lumbar spine, tenderness of the lumbar facet joints, and decreased range of motion of the lumbar spine. The progress note dated August 11, 2015 documented a physical examination that showed no changes since the examination on June 17, 2015. Treatment has included medications (Norco 10-325 every six to eight hours as needed, Butalbicet 50-325-40mg and Temazepam 15mg since at least February of 2015; Robaxin 750 750mg twice a day since at least March of 2015; Soma 350mg three times a day since at least May of 2015; Fioricet 325mg every four hours as needed since at least June of 2015; history of Methadone). The treating physician documented (June 17, 2015) that there had been no aberrant behavior. The original utilization review (September 2, 2015) non-certified a request for Methadone 10mg #180, Norco 10-325mg #160, and Wellbutrin SR 150mg #60.

IMR ISSUES, DECISIONS AND RATIONALES

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

Methadone 10mg, 3 tablets by mouth every six hours, for 30 days, for a total of 180 to start 8-11-15 and end on 9-9-15: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain chapter, Opioids for chronic pain.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Methadone.

Decision rationale: Per CA MTUS, Medications for chronic pain page 60, methadone is a listed medication for the use in treating chronic pain. The guidelines state "Recommended as indicated below. 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. Before prescribing any medication for pain the following should occur: (1) determine the aim of use of the medication; (2) determine the potential benefits and adverse effects; (3) determine the patient's preference. Only one medication should be given at a time, and interventions that are active and passive should remain unchanged at the time of the medication change. A trial should be given for each individual medication. Analgesic medications should show effects within 1 to 3 days, and the analgesic effect of antidepressants should occur within 1 week. A record of pain and function with the medication should be recorded." Additionally per CA MTUS, Methadone, page 61: methadone is "recommended as a second-line drug for moderate to severe pain if the potential benefit outweighs the risk. The FDA reports that they have received reports of severe morbidity and mortality with this medication. This appears, in part, secondary to the long half-life of the drug (8-59 hours). Pain relief on the other hand only lasts from 4-8 hours. Methadone should only be prescribed by providers experienced in using it. (Clinical Pharmacology, 2008)" In this case there is no medical documentation showing pain and function changes with first line medications. In absence of this documentation there is no indication for the use or a second line drug such as methadone. The recommendation is not medically necessary.

Norco 10-325mg one tablet by mouth every 4-5 as needed not exceed 5-6 per day, 30 days, for a total of 160 start on 8-11-15, end 9-9-15: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, dosing. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain, Opioids for Chronic Pain.

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

Decision rationale: According to the CA MTUS/Chronic Pain Medical Treatment Guidelines, page 80, opioids. A therapeutic trial of opioids should not be employed until the patient has failed a trial of non-opioid analgesics. Opioids may be continued if the patient has returned to work and the patient has improved functioning and pain. Guidelines recommend ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Pain assessment should include: current pain; the least reported pain over the period since last assessment; average pain; intensity of pain after taking the opioid; how long it takes for pain relief; and how long pain relief lasts. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. The ODG-TWC pain section comments specifically on criteria for the use of drug screening for ongoing opioid treatment. Based upon the records reviewed there is insufficient evidence to support chronic use of narcotics. There is lack of demonstrated functional improvement, percentage of relief, demonstration of urine toxicology compliance or increase in activity from the exam note of 8/11/15 and 6/17/15. Therefore the determination is not medically necessary.

Retrospective Wellbutrin SR 150mg sustained release, one by mouth two times per day, 30 days for a total of 60 start on 8-11-15 end on 9-9-15 DOS 8-11-15: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Bupropion (Wellbutrin).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Bupropion (Wellbutrin).

Decision rationale: CA MTUS/Chronic Pain Medical Treatment Guidelines state that Bupropion (Wellbutrin) page 16 is a second generation non-tricyclic anti-depressant shown to be effective in relieving neuropathic pain but not for non neuropathic low back pain. The exam notes of 8/11/15 and 6/17/15 demonstrates no evidence of neuropathic pain. Therefore the request is not medically necessary.