

<b>Case Number:</b>	CM15-0196256		
<b>Date Assigned:</b>	10/09/2015	<b>Date of Injury:</b>	09/10/2002
<b>Decision Date:</b>	11/19/2015	<b>UR Denial Date:</b>	09/22/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	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:

The injured worker is a 43 year old male, who sustained an industrial injury on 9-10-02. The injured worker is diagnosed with chronic pain syndrome and failed back surgery. His work status is permanent disability. Notes dated 8-17-15 -9-14-15 reveals the injured worker presented with complaints of head, neck, mid, upper and lower back pain with numbness reported in his upper and lower bilateral extremities described as weak and heavy. His pain is rated at 6-7 out of 10 with medication, which allows him to engage in self-care, ambulation, shopping, cooking, household chores, driving and gardening. Physical examinations dated 6-15- 15 - 9-14-15 revealed limited range of motion and tender all over his back, buttocks, knees and ankles. Treatment to date has included medications; Methadone (11 months) and Butrans patch; uses cane for stability; psychotherapy; spinal cord stimulator; spinal surgery x2; multiple epidural steroid injections and physical therapy. Diagnostic studies to date have included lumbar spine CT scan. A request for authorization dated 9-15-15 for Methadone 5 mg #90 is modified to #30 and Doxycycline 100 mg #28 is non-certified, per Utilization Review letter dated 9-22-15.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Methadone 5mg #90:** Upheld

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

**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)" Based upon the records reviewed there is insufficient evidence to support chronic use of methadone. There is lack of demonstrated functional improvement, percentage of relief, demonstration of urine toxicology compliance or increase in activity from the exam note of 9/14/15. There is inadequate documentation of a failure of a first line medication. Therefore the determination is for non-certification. Therefore, the requested treatment is not medically necessary.

**Doxycycline 100mg #28:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Eye 2004, Section(s): Red-Flag Conditions.

**Decision rationale:** According to CA MTUS doxycycline is indicated for the treatment of blepharitis of the eye. As this patient does not have this diagnosis this patient does not meet the guideline criteria for the use of doxycycline. Therefore this request is not medically necessary nor appropriate.