

Case Number:	CM15-0201635		
Date Assigned:	10/16/2015	Date of Injury:	10/12/1999
Decision Date:	11/24/2015	UR Denial Date:	10/02/2015
Priority:	Standard	Application Received:	10/13/2015

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 injured worker is a 60 year old male who reported an industrial injury on 10-12-1999. His diagnoses, and or impressions, were noted to include: degeneration of cervical inter-vertebral disc with displacement and with radiculitis-radiculopathy; lumbar disc displacement; post-lumbar laminectomy syndrome; lumbago with radiculopathy and sciatica; and chronic pain syndrome. No imaging studies were noted; computed tomography myelogram of the lumbar spine was done on 2-26-2014 and compared to the magnetic resonance imaging of the lumbar spine on 7-22-2010; and electrodiagnostic studies of the lower extremities were said to be done on 3-11-2014. His treatments were noted to include: an agreed medical examiners supplemental report on (5-29-2014); an Emergency Room (ER) visit after discharge following hand surgery on 7-10-2015; and medication management with toxicology studies (6-10-15). The progress notes of 9-30-2015 reported lower back pain and neck pain. The objective findings were noted to include: no acute distress; asymmetry of the neck and shoulders with tilting of the head and neck to the left, with left trapezius tenderness on axial compression, and restricted range-of-motion; decreased upper extremity reflexes in the left biceps; diminished sensation over the cervical 5, 6 & 7 dermatomes; positive bilateral para-lumbar tenderness and spasms, with atrophy in the quadriceps; positive bilateral straight leg raise and restricted range-of-motion secondary to pain; absent deep tendon reflexes at the knees; and decreased sensation in the bilateral lateral thighs and left calf. The physician's requests for treatment were noted to include: start Methadone tablet 10 mg, 1 tablet by mouth every 6 hours, 30 days, #120, and refill current medications. No Request for Authorization for Roxycodone 30 mg every 6 hours, #108, and Methadone

Hydrochloride 10 mg, #120 was noted in the medical records provided. The Utilization Review of 10-2-2015 non-certified the request for Roxycodone 30 mg and Methadone Hydrochloride 10 mg, #120. The progress notes of 2-12-2015 noted Roxycodone 30 mg every 6 hours, #108, and Methadone Hydrochloride 10 mg, #120.

IMR ISSUES, DECISIONS AND RATIONALES

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

Roxycodone 30mg (quantity unspecified): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): 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, Opioids, specific drug list.

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, or increase in activity from the exam note of 9/30/15. Therefore the determination is not medically necessary.

Methadone Hydrochloride 10mg #120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, criteria for use, 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)" 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, or increase in activity from the exam note of 9/30/15. There is inadequate documentation of a failure of a first line medication. Therefore the determination is not medically necessary.