

Case Number:	CM15-0209146		
Date Assigned:	10/28/2015	Date of Injury:	11/21/2000
Decision Date:	12/09/2015	UR Denial Date:	09/28/2015
Priority:	Standard	Application Received:	10/23/2015

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, Indiana, New York
 Certification(s)/Specialty: Internal 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 51 year old male who sustained an industrial injury on 11-21-00. The injured worker reported pain in the back with lower extremity radiation. A review of the medical records indicates that the injured worker is undergoing treatments for lumbar post-laminectomy syndrome, lumbar radiculopathy, thoracic neuritis and long-term drug therapy. Medical records dated 10-20-15 indicate chronic pain described as "Aching; Shooting; Stabbing". Treatment has included Methadone since at least July of 2015, Soma since at least July of 2015, Valium since at least July of 2015, Norco since at least July of 2015, Lidoderm Patch since at least July of 2015, status post lumbar fusion, physical therapy, and epidural steroid injection. Objective findings dated 10-20-15 were notable for antalgic gait, forward flexed posture, lumbar spine with well-healed surgical scars and "Palpation: tenderness not present." The original utilization review (9- 28-15) partially approved a request for Methadone 10mg; two PO TID for 30 days, #180 and Baclofen 10mg; two PO BID PRN, #60.

IMR ISSUES, DECISIONS AND RATIONALES

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

Methadone 10mg; two PO TID for 30 days, #180: 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): Methadone. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, Opioids, Methadone.

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and Official Disability Guidelines, Methadone 10 mg two tablets PO TID, #30 day supply, #180 is not medically necessary. Methadone is recommended as a second line drug for moderate to severe pain only if the potential benefit outweighs the risk, unless methadone is prescribed by pain specialists with experience in its use and by addiction specialists where first-line use may be appropriate. The drug is complex and has adverse effects that include respiratory depression and adverse cardiac events. Methadone should be given with caution to patients with decreased respiratory reserve (COPD, asthma, sleep apnea, severe obesity). Methadone is useful when there is evidence of tolerance to other opiate agonists or there are intolerable intractable side effects. For additional details, see the guidelines. In this case, the injured worker's working diagnoses are lumbar post laminectomy syndrome; lumbar radiculopathy; thoracic neuritis; lumbar spondylosis; degeneration lumbar intervertebral disc; hyperalgesia; myofascial pain; and long-term drug therapy. Date of injury is November 21, 2000. Request for authorization is September 22, 2015. According to a July 24, 2015 progress note, medications included methadone and Soma. According to a September 21, 2015 progress note, Baclofen was added to the medication regimen. Subjectively, the injured worker complains of bilateral low back pain chronic that radiates to the bilateral lower extremities. Objectively, the injured worker ambulates with an antalgic gait. Tenderness to palpation is not present. Motor function is 5/5 with a normal neurologic evaluation. Medications include Ambien, Klonopin, methadone 5 mg one PO Q8H and methadone 10 mg two tabs TID, Norco 10/325 mg, Valium, Baclofen 10 mg, Soma, naproxen and Lidoderm. There is no urine drug screen in the medical record. There are no detailed pain assessments in the medical record. There are no risk assessments in the medical record. There is no documentation demonstrating objective functional improvement to support ongoing methadone 10 mg and Baclofen 10 mg. The physical examination according to the September 21, 2015 progress note is unremarkable with a normal neurologic evaluation and lumbar spine evaluation. Based on the clinical information in the medical record, peer-reviewed evidence-based guidelines, no documentation demonstrating objective functional improvement to support ongoing methadone, no risk assessments for detailed pain assessments and no attempt at Methadone weaning, Methadone 10 mg two tablets PO TID, #30 day supply, #180 is not medically necessary.

Baclofen 10mg; two PO BID PRN, #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Muscle relaxants (for pain). Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Non-sedating muscle relaxants.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Muscle relaxants (for pain). Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, Muscle relaxants (for pain).

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, Baclofen 10 mg two tablets PO b.i.d., PRN #60 is not medically necessary. Muscle relaxants are recommended as a second line option short-term (less than two weeks) of acute low back pain and for short-term treatment of acute exacerbations in patients with chronic low back pain. Efficacy appears to diminish over time and prolonged use may lead to dependence. In this case, the injured worker's working diagnoses are lumbar post laminectomy syndrome; lumbar radiculopathy; thoracic neuritis; lumbar spondylosis; degeneration lumbar intervertebral disc; hyperalgesia; myofascial pain; and long-term drug therapy. Date of injury is November 21, 2000. Request for authorization is September 22, 2015. According to a July 24, 2015 progress note, medications included methadone and Soma. According to a September 21, 2015 progress note, Baclofen was added to the medication regimen. Subjectively, the injured worker complains of bilateral low back pain chronic that radiates to the bilateral lower extremities. Objectively, the injured worker ambulates with an antalgic gait. Tenderness to palpation is not present. Motor function is 5/5 with a normal neurologic evaluation. Medications include Ambien, Klonopin, methadone 5 mg one PO Q8H and methadone 10 mg two tabs TID, Norco 10/325 mg, Valium, Baclofen 10 mg, Soma, naproxen and Lidoderm. There is no documentation of lumbar muscle spasm or acute low back pain. There is no urine drug screen in the medical record. There are no detailed pain assessments in the medical record. There are no risk assessments in the medical record. There is no documentation demonstrating objective functional improvement to support ongoing muscle relaxants. Baclofen is recommended as a second line option short-term (less than two weeks) of acute low back pain and for short-term treatment of acute exacerbations in patients with chronic low back pain. The documentation shows Soma 350 mg prescribed July 24, 2015. The treating provider added Baclofen in the September 21, 2015 visit. It is unclear whether Soma was discontinued. The treating provider nonetheless continued muscle relaxants in excess of the recommended guidelines for short-term (less than two weeks). Based on the clinical information in the medical record, peer-reviewed evidence-based guidelines, no documentation demonstrating objective functional improvement from Soma, no documentation indicating the length of time Soma was prescribed, no clinical rationale for changing or adding Baclofen to Soma and no documentation demonstrating objective functional improvement from Soma, Baclofen 10 mg two tablets PO b.i.d., PRN #60 is not medically necessary.