

Case Number:	CM15-0022326		
Date Assigned:	02/12/2015	Date of Injury:	03/08/1986
Decision Date:	04/07/2015	UR Denial Date:	01/27/2015
Priority:	Standard	Application Received:	02/05/2015

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: California

Certification(s)/Specialty: Preventive Medicine, Occupational 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 60 year old male, who sustained an industrial injury on 3/08/1986. The diagnoses have included chronic pain syndrome and disc disorder with myelopathy, cervical. Treatment to date has included surgical intervention (6/02/2011 C2-T2 instrumented fusion with C3-C7 laminectomy, C7-T1 foraminotomy) and conservative treatments. Currently, the injured worker complains of chronic pain. Current medications included Cyclobenzaprine, Methadone HCL 10mg (3 every 8 hours), Oxycodone HCL 5mg (1 every 4 hours), Gabapentin, Trazadone, Multivitamin, and Lovastatin. He was able to accomplish activities of daily living with current medication regime. He was decreasing medications and able to do physical work and take care of home 8-10 hours daily and walk after stretching, for 30 minutes, up to six times per week. Physical exam noted that he was able to sit calmly, stand and walk without difficulty, without pain behavior. On 1/27/2015, Utilization Review modified a request for Methadone HCL 10mg #186 to Methadone 10mg #90, and modified a request for Oxycodone 5mg #150 to Oxycodone 5mg #90, citing the lack of compliance with MTUS Chronic Pain Medical Treatment Guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

Methadone HCL 10mg #186: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids section, Weaning of Medications section Page(s): 74-95, 124.

Decision rationale: The MTUS Guidelines do not recommend the use of opioid pain medications, in general, for the management of chronic pain. There is guidance for the rare instance where opioids are needed in maintenance therapy, but the emphasis should remain on non-opioid pain medications and active therapy. Long-term use may be appropriate if the patient is showing measurable functional improvement and reduction in pain in the absence of non-compliance. Functional improvement is defined by either significant improvement in activities of daily living or a reduction in work restriction as measured during the history and physical exam. The injured worker has been treated chronically with opioid pain medications well in excess of the 120 mg MED ceiling recommended by the MTUS Guidelines, without evidence of significant functional improvement. The injured worker provided a personal statement regarding his use and continued need of opioid pain medications; however, his rationale is not consistent with the recommendations of the MTUS Guidelines in regards to medical necessity. It is not recommended to discontinue opioid treatment abruptly, as weaning of medications is necessary to avoid withdrawal symptoms when opioids have been used chronically. This request however is not for a weaning treatment, but to continue treatment. Utilization review recommended partial certification which would allow for weaning. The request for Methadone HCl 10 mg #186 is determined to not be medically necessary.

Oxycodone HCL 5mg #150: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids section, Weaning of Medications section Page(s): 74-95, 124.

Decision rationale: The MTUS Guidelines do not recommend the use of opioid pain medications, in general, for the management of chronic pain. There is guidance for the rare instance where opioids are needed in maintenance therapy, but the emphasis should remain on non-opioid pain medications and active therapy. Long-term use may be appropriate if the patient is showing measurable functional improvement and reduction in pain in the absence of non-compliance. Functional improvement is defined by either significant improvement in activities of daily living or a reduction in work restriction as measured during the history and physical exam. The injured worker has been treated chronically with opioid pain medications well in excess of the 120 mg MED ceiling recommended by the MTUS Guidelines, without evidence of significant functional improvement. The injured worker provided a personal statement regarding his use and continued need of opioid pain medications; however, his rationale is not consistent with the recommendations of the MTUS Guidelines in regards to medical necessity. It is not recommended to discontinue opioid treatment abruptly, as weaning of medications is necessary to avoid withdrawal symptoms when opioids have been used chronically. This request however

is not for a weaning treatment, but to continue treatment. The request for Oxycodone HCL 5 mg #150 is determined to not be medically necessary.