

Case Number:	CM15-0022327		
Date Assigned:	02/11/2015	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:

This 60 year old male sustained a work related injury on 03/08/1986. According to a progress report dated 01/06/2015, the injured worker presented with med refills. Current medications included Cyclobenzaprine, Methadone, Oxycodone, Gabapentin, Trazodone, Multivitamins and Lovastatin. According to the provider, the injured worker cut way back on Norco. He was taking Methadone and Oxycodone and getting reasonable pain control. He reported some constipation from the medications. Trazodone helped him to get a good night sleep. The provider noted that the injured worker had not tried promethazine used as an adjunct to the nighttime pain medications. He was able to accomplish activities of daily living and noted no change in mood or affect from the medications. His pattern of use was noted to be stable over many years and in fact decreasing. Diagnoses included chronic pain syndrome. On 01/27/2015, Utilization Review non-certified Methadone HCL 10mg #186, Oxycodone HCL 5mg #150 and Promethazine 25mg. According to the Utilization Review physician, in regard to Methadone and Oxycodone a partial approval was received on 01/26/2015 in review 1117130 for 30 days. The injured worker would not need additional medication for the same time period. Because weaning is being initiated, it is not appropriate to continue it on top of another medication. CA MTUS Chronic Pain Medical Treatment Guidelines were referenced. In regard to Promethazine, the various central nervous system effects are serious and some can be irreversible and because of this, it was not recommended. The Official Disability Guidelines, Pain (Chronic) were referenced. The decision was appealed for an Independent Medical Review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Methadone HCL 10 mg #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 to allow for weaning. The request for Methadone HCL 10 mg #186 is determined to not be medically necessary.

Oxycodone HCL 5 mg #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.

Promethazine 25 mg: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain (Chronic).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain chapter, Antiemetics (for opioid nausea).

Decision rationale: The MTUS Guidelines do not address the use of promethazine. The ODG does not recommend the use of antiemetics for nausea and vomiting secondary to chronic opioid use. Promethazine is recommended as a sedative and antiemetic in pre-operative and post-operative situations. Multiple central nervous system effects are noted with use including somnolence, confusion and sedation. Tardive dyskinesia is also associated with use and anticholinergic effects can occur. The request for Promethazine 25 mg is determined to not be medically necessary.