

Case Number:	CM15-0210990		
Date Assigned:	10/29/2015	Date of Injury:	11/05/1991
Decision Date:	12/15/2015	UR Denial Date:	10/08/2015
Priority:	Standard	Application Received:	10/26/2015

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: Texas, California

Certification(s)/Specialty: Family Practice

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 is a 58 year old female patient who sustained an industrial injury on 11-5-91. The diagnoses include internal derangement of the knee, lumbosacral spondylosis without myelopathy, radiculopathy of the lumbar spine, and complex regional pain syndrome of the lower extremities. Per the doctor's note dated 5-18-15, 6-19-15, 8-19-15, and 9-18-15, she had complaints of ongoing complaints of left leg pain, rating "8 out of 10". The patient had anxiety and stress. The physical exam dated 9-18-15 revealed an "abnormal" appearance of the left knee, a skin graft present on the medial aspect of the upper tibia, positive medial and lateral joint line tenderness, as well as positive patellofemoral facet tenderness and apprehension. Her medications include Prilosec, Sentra, Cymbalta, Tylenol #3, Venlafaxine, Butrans patch, Lidopro, Baclofen, Docusate, Gralise, Lorazepam, Pantoprazole, Duloxetine, Methadone, and Trazodone. She has been receiving Methadone since, at least, 4-10-15. She is not working. She has history of 9 knee surgeries including 2 knee replacements. She had urine drug screen on 6/19/15 which was inconsistent for buprenorphine and consistent for methadone and lorazepam. Treatment recommendations include prescriptions for Lyrica, Eszopicolone, as well as continuation of Trazodone and Methadone. The utilization review (10-8-15) includes requests for authorization of Methadone 10mg #150 for 30 days, Trazodone 50mg, 2 tablets every night for 30 days #60, Lyrica 75mg twice daily for 30 days #60, and Eszopicolone 1mg every night for 30 days #30, Methadone 10mg #75, Lyrica 75mg #30, and Trazodone 50mg #30. Methadone 10mg #150 for 30 days, Trazodone 50mg, 2 tablets every night #60 for 30 days, and Lyrica 75mg twice daily #60 for 30 days were denied.

IMR ISSUES, DECISIONS AND RATIONALES

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

Methadone 10mg #150: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Methadone.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, criteria for use, Opioids for chronic pain.

Decision rationale: Methadone 10mg #150. Methadone is an opioid analgesic. According to CA MTUS guidelines, 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..." Other criteria for ongoing management of opioids are: "The lowest possible dose should be prescribed to improve pain and function. Continuing review of overall situation with regard to nonopioid means of pain control. Ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects...Consider the use of a urine drug screen to assess for the use or the presence of illegal drugs." The records provided do not provide a documentation of response in regards to pain control and significant objective functional improvement to opioid analgesic for this patient. The continued review of the overall situation with regard to non-opioid means of pain control is not documented in the records provided. Any evidence that the patient is having a pain diary is not specified in the records provided. As recommended by the cited guidelines a documentation of pain relief, functional status, appropriate medication use, and side effects should be maintained for ongoing management of opioid analgesic, these are not specified in the records provided. This patient does not meet criteria for ongoing continued use of opioids analgesic. The medical necessity of Methadone 10mg #150 is not established for this patient, based on the clinical information submitted for this review and the peer reviewed guidelines referenced. If this medication is discontinued, the medication should be tapered, according to the discretion of the treating provider, to prevent withdrawal symptoms.

Trazodone 50mg #60: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): SSRIs (selective serotonin reuptake inhibitors).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Antidepressants for chronic pain. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Chapter: Pain (updated 12/02/15) Insomnia treatment Sedating antidepressants (e.g., amitriptyline, trazodone, mirtazapine).

Decision rationale: Trazodone 50mg #60. Trazodone is tetra cyclic antidepressant. According to the CA MTUS chronic pain guidelines, antidepressant is "Recommended as a first line option for neuropathic pain, and as a possibility for non-neuropathic pain. (Feuerstein, 1997) (Perrot, 2006) Tricyclics are generally considered a first-line agent unless they are ineffective, poorly tolerated, or contraindicated)." In addition, per the cited guidelines "Trazodone is one of the most commonly prescribed agents for insomnia." Per the records provided, she had chronic pain with stress and anxiety. Trazodone is a first line agent in this clinical situation. The request of Trazodone 50 mg #60 is medically appropriate and necessary for this patient.

Lyrica 75mg #60: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Pregabalin (Lyrica).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Antiepilepsy drugs (AEDs), Pregabalin (Lyrica).

Decision rationale: Lyrica 75mg #60. Lyrica is an antiepilepsy medication. According to MTUS chronic pain guidelines, antiepilepsy drugs are "recommended for neuropathic pain" (pain due to nerve damage). Per the records provided the patient has diagnoses of lumbosacral spondylosis without myelopathy, radiculopathy of the lumbar spine, and complex regional pain syndrome of the lower extremities. The patient has chronic left leg pain. The patient has objective findings on the physical examination- an "abnormal" appearance of the left knee. The patient has history of multiple knee surgeries. Lyrica is medically appropriate and necessary in such a clinical situation. The request of Lyrica 75mg #60 is medically necessary and appropriate for this patient.