

Case Number:	CM15-0211047		
Date Assigned:	10/29/2015	Date of Injury:	09/15/2002
Decision Date:	12/11/2015	UR Denial Date:	10/07/2015
Priority:	Standard	Application Received:	10/27/2015

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: Arizona, 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:

The injured worker is a 64 year old male who sustained an industrial injury on 09-15-2002. According to a progress report dated 09-23-2015, the injured worker was seen for re-evaluation of chronic multifactorial industrial based lower back and bilateral lower extremity pain with intensifying pain through the posterior aspects of the lower limbs since last seen. He had marked numbness of the feet to a point where he barely felt them when he poked at the feet with a pointed object. Average pain level in the last week was rated 6-7 on a scale of 0-10. Sleep disturbance was rated 8 on a scale of 0-10. Percentage of improvement that pain medications were providing was noted as 75%. Medications included Celexa, Fexofenadine, and Lidoderm 5% patch, Lunesta, Lyrica, Methadone, Naproxen, Percocet, Savella, Flomax and Omeprazole. Past medications included Allegra, Ambien, Atenolol, Bextra, Cymbalta, Dilaudid, Docusate, Duragesic, Effexor XR, Elavil, Fentanyl, Hydrochlorothiazide, Lexapro, and Lidocaine patch, Meloxicam, Miramax, Mobic, Oxycontin, Prilosec, Rozerem, Soma, Testosterone, Topamax, Ultram, Valium, Vicodin, Vioxx, Xanax, Zolofl and Zyrtec. The provider noted that Methadone at the current dose augmented by Percocet for breakthrough pain alone with Lyrica and Savella remained of moderate benefit and well tolerated allowing the injured worker to perform chores such as dusting, making his bed, light cooking and light work throughout his acreage. Lidoderm topical 5% were effective for joint pain throughout the back region. Lunesta had been increasingly less effective at 2 mg strength and requested to return to the 3 mg strength. Allergies included Tylenol with Codeine. The injured worker denied the use of marijuana, amphetamines, cocaine, heroin or other street drugs. Assessment included chronic multifactorial industrial based lower back pain with a bilateral lumbar radiculopathy. The treatment plan included referral to a spine center, updated opioid agreement and periodic urine drug toxicology. Follow up was indicated in 1

month. A urine toxicology report dated 09-28-2015 showed inconsistent results. The specimen was positive for THC which was noted as inconsistent and the opiates screen was negative. On 10-07-2015, Utilization Review non-certified the request for Methadone 10 mg #90, Percocet 10-325 mg #120 and Fexofenadine 60 mg #60 with 2 refills. The request for Celexa was authorized.

IMR ISSUES, DECISIONS AND RATIONALES

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

Methadone 10 mg # 90: 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 rationale: According to the guidelines, Methadone is recommended as a second-line drug for moderate to severe pain if the potential benefit outweighs the risk. It is only FDA-approved for detoxification and maintenance of narcotic addiction. In this case, there is no indication of need for detoxification or narcotic addiction. The claimant was on Methadone along with Percocet. As a result, continued and long-term use of Methadone is not medically necessary.

Percocet 10/325 mg #120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

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

Decision rationale: Percocet is a short acting opioid used for breakthrough pain. According to the MTUS guidelines, it is not indicated as 1st line therapy for neuropathic pain, and chronic back pain. It is not indicated for mechanical or compressive etiologies. It is recommended for a trial basis for short-term use. Long Term-use has not been supported by any trials. In this case, the claimant had been on Percocet for several months. Although pain scores were good, the claimant was on several analgesics. Pain reduction due to Percocet cannot be determined. Long-term use is not indicated considering the claimant was on Methadone. Continued use is not medically necessary.

Fexofenadine 60 mg #60 with 2 refills: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Oral Antihistamine/Decongestant/Analgesic Combinations for the Common Cold. ELIZABETH SALISBURY-AFSHAR, MD, MPH, Johns Hopkins Bloomberg School of Public Health, Baltimore, Maryland Am Fam Physician. 2012 Nov 1; 86 (9): 812-813.

Decision rationale: Fexofenadine is an antihistamine. According to the referenced literature it is indicated for allergy type symptoms. The claimant was on other antihistamines in the past. The exam findings did not mention symptoms and symptom response that would justify the use of the medication. As a result, the request for Fexofenadine is not medically necessary.