

<b>Case Number:</b>	CM15-0214697		
<b>Date Assigned:</b>	11/04/2015	<b>Date of Injury:</b>	07/12/1997
<b>Decision Date:</b>	12/23/2015	<b>UR Denial Date:</b>	10/29/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/02/2015

### 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, District of Columbia, Maryland  
 Certification(s)/Specialty: Anesthesiology, Pain Management

### 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 7-12-1997. The injured worker is being treated for chronic intractable neck pain secondary to multilevel cervical degenerative disc disease status post anterior and posterior cervical fusion with loosening of hardware C3-4, status post multiple lumbar surgeries x 5, history of opioid and alcohols abuse, anxiety, depression, and chronic pain syndrome. Treatment to date has included medications, physical therapy, psychiatric evaluation and treatment, acupuncture, and trigger point injections. Per the Primary Treating Physician's Progress Report dated 10-12-2015, the injured worker presented for evaluation of severe intractable back pain. He reported that he needed to go to the hospital due to his intractable neck pain. He has taken more of his methadone due to his symptoms. He states that his "depression is overwhelming." Objective findings included palpable taut bands to the cervical paraspinals and bilateral upper trapezius with multiple triggers. He has very limited cervical range of motion. He ambulates slowly and appears very stiff. On 6-29-2015 he rated his pain as 7-8 out of 10. Medication included Methadone. Per the medical records dated 6-29-2015 to 10-12-2015 there is no documentation of functional improvement with the medications, including decrease in symptoms, increase in activities of daily living or decrease in pain level. Work status was not documented. The plan of care included a functional restoration program and refills of medications. A trigger point injection was administered. Authorization was requested for Methadone 10mg #120 and Methocarbam 750mg #60 with 4 refills. On 10-29- 2015, Utilization Review modified the request for Methadone 10mg #90 and non-certified the request for Methocarbam 750mg #60.

## IMR ISSUES, DECISIONS AND RATIONALES

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

### **Methadone Tab 10mg # 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.

**Decision rationale:** With regard to methadone, the MTUS CPMTG states: "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. Methadone should only be prescribed by providers experienced in using it." Per MTUS Chronic Pain Medical Treatment Guidelines p78 regarding on-going management of opioids "Four domains have been proposed as most relevant for ongoing monitoring of chronic pain patients on opioids: Pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant (or nonadherent) drug related behaviors. These domains have been summarized as the '4 A's' (Analgesia, activities of daily living, adverse side effects, and any aberrant drug-taking behaviors). The monitoring of these outcomes over time should affect therapeutic decisions and provide a framework for documentation of the clinical use of these controlled drugs." Review of the available medical records reveals no documentation to support the medical necessity of methadone nor any documentation addressing the '4 A's' domains, which is a recommended practice for the on-going management of opioids. Specifically, the notes do not appropriately review and document pain relief, functional status improvement, appropriate medication use, or side effects. The MTUS considers this list of criteria for initiation and continuation of opioids in the context of efficacy required to substantiate medical necessity, and they do not appear to have been addressed by the treating physician in the documentation available for review. Efforts to rule out aberrant behavior (e.g. CURES report, UDS, opiate agreement) are necessary to assure safe usage and establish medical necessity. UDS was performed 6/4/15 and was positive for morphine, methadone, and diazepam. As MTUS recommends to discontinue opioids if there is no overall improvement in function, medical necessity cannot be affirmed. Therefore, the requested treatment is not medically necessary.

### **Methocarbam Tab 750mg #60 With Four (4) Refills: 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): Muscle relaxants (for pain).

**Decision rationale:** MTUS CPMTG recommends non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic LBP. Muscle relaxants may be effective in reducing pain and muscle tension, and increasing mobility. However, in most LBP cases, they show no benefit beyond NSAIDs in pain and overall improvement. With regard to Methocarbamol, the MTUS states: The mechanism of action is unknown, but appears to be related to central nervous system depressant effects with related sedative properties. This drug was approved by the FDA in 1957. The medical records submitted for review do not document an acute exacerbation of LBP. Additionally, the guidelines do not recommend sedating muscle relaxants. Furthermore, as muscle relaxants are recommended only for short term use, the request is not medically necessary.