

Case Number:	CM15-0218339		
Date Assigned:	11/10/2015	Date of Injury:	06/15/2010
Decision Date:	12/29/2015	UR Denial Date:	10/16/2015
Priority:	Standard	Application Received:	11/05/2015

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: 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 54 year old male patient who sustained an industrial injury on 6-15-2010. The diagnoses include low back pain with radicular symptoms right leg and constipation from narcotic use. According to the progress report dated 10/29/15, he had complaints of back pain with radiation to the both legs; spasm. According to the progress report dated 7-7-2015, he had complaints of severe back pain and spasms. He reported pain radiating in both legs. He reported 50% reduction in pain and 50% functional improvement with activities of daily living with medication. He rated his pain as 8 out of 10; at best 4 out of 10 with medications and 10 out of 10 without medications. Objective findings (7-7-2015) revealed limited range of back, palpable spasm with muscle curvatures and absent right Achilles reflex, sensory loss in the right lateral calf and bottom of his foot, disuse atrophy in the right thigh and calf. The medications list includes Methadone, Colace, Senokot, Benadryl and Ambien. The treatment plan (7-7-2015) was to refill Methadone (unclear duration), Colace, Senokot, Benadryl and Ambien. The treating physician indicated that urine drug screens had been appropriate. He had a lumbar spine MRI dated 5/26/2015 which revealed post operative changes, pedicle screw in place with disc placer in place at L5-S1 with sclerotic endplate. He has undergone lumbar spine fusion surgery. He has had a TENS for this injury. The original Utilization Review (UR) (10-16-2015) modified a request for Methadone from quantity 90 to quantity 60.

IMR ISSUES, DECISIONS AND RATIONALES

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

Methadone 10mg #90: 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 #90 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 non-opioid 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 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. The response to antidepressants or anticonvulsants for chronic pain and lower potency opioids for chronic pain is 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 #90 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, therefore is not medically necessary.

Stool Softener cap 250mg #60 with 1 refill: 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 based on Non-MTUS Citation Official Disability Guidelines (ODG) Chapter: Pain (updated 12/02/15) Opioid-induced constipation treatment and Other Medical Treatment Guidelines Thompson Micromedex, FDA labeled indication for Docusate sodium.

Decision rationale: Stool Softener cap 250mg #60 with 1 refill. This is a request for stool softener - Docusate sodium. Per the cited guidelines "3) Initiating Therapy (a) Intermittent pain: Start with a short-acting opioid trying one medication at a time. (d) Prophylactic treatment of constipation should be initiated. First line - Simple treatments include increasing physical activity, maintaining appropriate hydration by drinking enough water, and advising the patient to follow a proper diet, rich in fiber. These can reduce the chance and severity of opioid-induced constipation and constipation in general. According to the Thompson Micromedex FDA labeled indication for Docusate includes constipation care. The medications list includes opioid-methadone which may cause constipation. The medications list also includes another medication

for constipation - senokot the response to the senokot and other first line simple treatments for treating constipation, is not specified in the records provided. The rationale for requesting the stool softner - Colace / Docusate, in addition to the Senokot for the treatment of constipation, is not specified in the records provided. The medical necessity of Stool Softener cap 250mg #60 with 1 refill is not fully established for this patient, therefore is not medically necessary.