MAXIMUS Federal Services

Case Number:	CM15-0218885		
Date Assigned:	11/10/2015	Date of Injury:	03/18/2013
Decision Date:	12/24/2015	UR Denial Date:	10/19/2015
Priority:	Standard	Application Received:	11/06/2015

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, Florida, 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:

The injured worker is a 62 year old female, who sustained an industrial injury on 3-18-13. Medical records indicate that the injured worker is undergoing treatment for cervical and lumbar injuries, right wrist injury, cervicalgia, lumbago, shoulder pain and upper limb pain. The injured workers work status was not identified. On (10-12-15 and 9-10-15) the injured worker complained of low back pain, back stiffness and weakness of the bilateral lower extremities. The pain was characterized as aching, burning, stabbing, throbbing, and spasming. The pain was worse with flexion and extension of the back and hip rotation. The injured worker also noted neck pain with associated weakness, numbness and tingling in the bilateral upper extremities. Turning of the neck worsened the pain. The injured workers right shoulder was also noted to be painful and stiff. The pain was described as aching and burning in the bilateral upper extremities. The overall pain was rated 8 out of 10 on the visual analog scale. The injured worker also presented for follow-up evaluation of her upper limb injuries, which involved the bilateral shoulder and arms. The injured worker noted that exercise worsens the pain. The condition was noted to be chronic and tender. The pain was rated 5 out of 10 on the visual analog scale. Examination of the cervical spine revealed tenderness to palpation over the cervical three through thoracic one facet capsules bilaterally. Also noted was secondary myofascial pain and ropey fibrotic banding, a positive Spurling's maneuver and positive maximal foraminal compression testing. Lumbar spine examination revealed tenderness to palpation over the lumbar three through sacral one facet capsules bilaterally, pain with rotation, secondary myofascial pain with triggering and ropey fibrotic banding bilaterally. Treatment and

evaluation to date has included medications, urine drug screen, MRI of the cervical spine, physical therapy for the hand, injections, a right rotator cuff repair, right carpal tunnel release (4-3-15) and a left carpal tunnel release on 8-13-15. Current medications include Effexor XR, Flexeril, Gabapentin, Methadone (since at least May of 2015), Norco (since at least May of 2015) and Nortriptyline. The current treatment requests are for Methadone 5mg #120 and Norco 5-325mg #120. The Utilization Review documentation dated 10-19-15 non-certified the requests for Methadone 5mg #120 and Norco 5-325mg #120.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 5/325mg 1 tab by mouth every 6 hours #120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, criteria for use, Opioids, specific drug list, Weaning of Medications.

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

Decision rationale: Chronic Pain Medical Treatment Guidelines, pages 79, 80 and 88 were utilized in this review. This claimant was injured about 12 years ago. There is chronic low back pain. The patient is status post lumbar fusion in 2011. The claimant has been on the opiates for some time, without evidence of pain stability or objective improvement. The current California web-based MTUS collection was reviewed in addressing this request. They note in the Chronic Pain section: When to Discontinue Opioids: Weaning should occur under direct ongoing medical supervision as a slow taper except for the below mentioned possible indications for immediate discontinuation. They should be discontinued, (a) If there is no overall improvement in function, unless there are extenuating circumstances. Guidelines state: When to Continue Opioids: (a) If the patient has returned to work; (b) If the patient has improved functioning and pain. In the clinical records provided, it is not clearly evident these key criteria have been met in this case. Moreover, in regards to the long term use of opiates, the MTUS also poses several analytical necessity questions such as: has the diagnosis changed, what other medications is the patient taking, are they effective, producing side effects, what treatments have been attempted since the use of opioids, and what is the documentation of pain and functional improvement and compare to baseline. These are important issues, and they have not been addressed in this case. As shared earlier, there especially is no documentation of functional improvement with the regimen. The request for the opiate usage is not medically necessary.

Methadone 5mg, 1.5 po bid (orally, twice a day/daily), 1 po qhs (orally at bedtime), #120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, criteria for use, Opioids, specific drug list, Weaning of Medications.

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

Decision rationale: Chronic Pain Medical Treatment Guidelines, pages 62-63 and 88 were utilized in this review. As shared, this claimant was injured about 12 years ago. There is chronic low back pain. The patient is status post lumbar fusion in 2011. The claimant has been on the medicine since at least January, without evidence of pain stability or objective improvement. It is not clear this Methadone usage is as a second line pain medicine. The MTUS notes that 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. Methadone should only be prescribed by providers experienced in using it (Clinical Pharmacology, 2008). Multiple potential drug-drug interactions can occur with the use of Methadone. Moreover, in regards to the long term use of opiates, the MTUS poses several analytical questions such as has the diagnosis changed, what other medications is the patient taking, are they effective, producing side effects, what treatments have been attempted since the use of opioids, and what is the documentation of pain and functional improvement and compare to baseline. These are important issues, and they have not been addressed in this case. There especially is no documentation of functional improvement with the regimen. It is not clear from the records that the Methadone used by this claimant is a second line drug, and the multiple drug-drug interactions had been addressed. Further, the MTUS issues in regards to long term opiate usage is not addressed. The request was appropriately non-certified. Therefore the request is not medically necessary.