

<b>Case Number:</b>	CM15-0040820		
<b>Date Assigned:</b>	03/11/2015	<b>Date of Injury:</b>	03/01/2010
<b>Decision Date:</b>	04/21/2015	<b>UR Denial Date:</b>	02/19/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/04/2015

### 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

Certification(s)/Specialty: Physical Medicine & Rehabilitation

### 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 55-year-old male, who sustained an industrial injury on March 1, 2010. The exact mechanism of the work related injury and initial complaints were not included in the documentation provided. The injured worker was diagnosed as having chronic intractable low back pain secondary to lumbosacral degenerative disc disease, lumbar disc protrusion, status post anterior and posterior lumbar fusion L4-L5 and L5-S1, depression, anxiety, opioid dependence, and severe insomnia. Treatment to date has included L4-L5 surgical decompression and medication. Currently, the injured worker complains of not being able to sleep at night despite increase in his Seroquel. The Primary Treating Physician's report dated February 9, 2015, noted the injured worker without neck major flare-ups, able to function and do his volunteer work with his pain medication. Without pain medication the injured worker reported it being difficult to get out of bed. Tenderness was noted in the lumbar paraspinals, with limited lumbar range of motion (ROM). The treatment plan was noted to include the addition of Trazadone for the insomnia, with continuation of the Seroquel, Methadone, and OxyIR.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Methadone 10mg 1 tab 5 times daily #150:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines opioids Page(s): 93, 78-80, 124.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines CRITERIA FOR USE OF OPIOIDS Page(s): 76-78, 88-89.

**Decision rationale:** Based on the 2/9/15 progress report provided by the treating physician, this patient presents with persistent low back pain and inability to sleep at night despite increase in Seroquel, and no other major issues and no recent neck flare-ups. The treater has asked for METHADONE 10MG 1 TAB 5 TIMES DAILY #150 on 2/9/15. The request for authorization was not included in provided reports. The patient is s/p lumbar fusion L4-5 and L5-S1 of unspecified date per 12/15/14 report. The patient has opioid dependence, and severe insomnia along with his depression/anxiety per 12/15/14 report. The patient's current medications as of 2/9/15 are Trazadone, Seroquel, Methadone, and Oxycodone. The patient was ambulating with a cane per 9/23/14 report but no longer uses it per 2/9/15 report. The patient is currently doing 'volunteer work' per 2/9/15 report. MTUS Guidelines pages 88 and 89 states, "Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." MTUS page 78 also requires documentation of the 4As (analgesia, ADLs, adverse side effects, and adverse behavior), as well as "pain assessment" or outcome measures that include current pain, average pain, least pain, intensity of pain after taking the opioid, time it takes for medication to work and duration of pain relief. Methadone has been included in patient's medications per treater reports dated 8/21/14, 9/23/14 and 2/9/15. In this case, treater has not stated how Methadone reduces pain and significantly improves patient's activities of daily living. There are no pain scales or validated instruments addressing analgesia. There are no specific discussions regarding aberrant behavior, adverse reactions, ADL's, etc. There was no documentation of a urine drug screen in review of reports dated 8/21/14 to 2/9/15. No opioid pain agreement or CURES reports. No return to work, or change in work status, either. MTUS requires appropriate discussion of the 4A's. Given the lack of documentation as required by guidelines, the request IS NOT medically necessary.

**Oxycodone IR 15mg 1 tab 4 times daily #120:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines opioids Page(s): 93, 78-80, 124.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines CRITERIA FOR USE OF OPIOIDS Page(s): 76-78, 88-89.

**Decision rationale:** Based on the 2/9/15 progress report provided by the treating physician, this patient presents with persistent low back pain and inability to sleep at night despite increase in Seroquel, and no other major issues and no recent neck flare-ups. The treater has asked for OXYCODONE IR 15MG 1 TAB 4 TIMES DAILY #120 on 2/9/15. The request for authorization was not included in provided reports. The patient is s/p lumbar fusion L4-5 and L5-S1 of unspecified date per 12/15/14 report. The patient has opioid dependence, and severe insomnia along with his depression/anxiety per 12/15/14 report. The patient's current medications as of 2/9/15 are Trazadone, Seroquel, Methadone, and Oxycodone. The patient was

ambulating with a cane per 9/23/14 report but no longer uses it per 2/9/15 report. The patient is currently doing "volunteer work" per 2/9/15 report. MTUS Guidelines pages 88 and 89 states, "Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." MTUS page 78 also requires documentation of the 4As (analgesia, ADLs, adverse side effects, and adverse behavior), as well as "pain assessment" or outcome measures that include current pain, average pain, least pain, intensity of pain after taking the opioid, time it takes for medication to work and duration of pain relief. Oxycodone has been included in patient's medications per treater reports dated 8/21/14, 9/23/14 and 2/9/15. In this case, treater has not stated how Oxycodone reduces pain and significantly improves patient's activities of daily living. There are no pain scales or validated instruments addressing analgesia. There are no specific discussions regarding aberrant behavior, adverse reactions, ADL's, etc. No opioid pain agreement or CURES reports. There was no documentation of a urine drug screen in review of reports dated 8/21/14 to 2/9/15. No return to work, or change in work status, either. MTUS requires appropriate discussion of the 4A's. Given the lack of documentation as required by guidelines, the request IS NOT medically necessary.

**Seroquel 100mg by mouth every hours of sleep #30:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Mental Illness & Stress (updated 02/10/15), Chronic Pain Chapter.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official disability guidelines Mental Illness and Stress chapter, Atypical Antipsychotics.

**Decision rationale:** Based on the 2/9/15 progress report provided by the treating physician, this patient presents with persistent low back pain and inability to sleep at night despite increase in Seroquel, and no other major issues and no recent neck flare-ups. The treater has asked for SEROQUEL 100MG BY MOUTH EVERY HOURS OF SLEEP on 2/9/15. The request for authorization was not included in provided reports. The patient is s/p lumbar fusion L4-5 and L5-S1 of unspecified date per 12/15/14 report. The patient has opioid dependence, and severe insomnia along with his depression/anxiety per 12/15/14 report. The patient's current medications as of 2/9/15 are Trazadone, Seroquel, Methadone, and Oxycodone. The patient was ambulating with a cane per 9/23/14 report but no longer uses it per 2/9/15 report. The patient is currently doing "volunteer work" per 2/9/15 report. ODG guidelines, under the Mental Illness and Stress chapter and Atypical Antipsychotics section indicates the following: "Not recommended as a first-line treatment. There is insufficient evidence to recommend atypical antipsychotics eg, quetiapine, risperidone for conditions covered in ODG." The ODG guidelines goes on and states "off-label use of these drugs in people over 40 should be short-term, and undertaken with caution. Jin, 2013." In this case, the patient has been utilizing this medication since at least 8/2/14 for depression. The reports dated 9/23/14 and 2/9/15 also indicate Seroquel is being taken by patient. None of the reports discuss this medication's efficacy, other than the 2/9/15 report which states the patient is unable to sleep "despite an increase in Seroquel." ODG guidelines support short-term use of this medication for people over 40. This patient is a 55-year

old. In addition, there is no documentation of what other first-line treatments the patient has had prior to Seroquel. The requested Seroquel IS NOT medically necessary.