

Case Number:	CM15-0055218		
Date Assigned:	03/30/2015	Date of Injury:	02/11/2011
Decision Date:	05/05/2015	UR Denial Date:	03/13/2015
Priority:	Standard	Application Received:	03/23/2015

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: New York, Tennessee
 Certification(s)/Specialty: Emergency 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 male, who sustained an industrial injury on 2/11/11. He reported right knee pain and left hip pain. The injured worker was diagnosed as having thoracolumbar sprain, lumbar sprain, right leg contusion, right knee sprain, left hip sprain with greater trochanteric bursitis, left lower extremity radiculopathy, left knee sprain possible medial collateral ligament tear, and right ankle-foot sprain with inversion. Treatment to date has included knee arthroscopy on 11/4/11, which was reported to have provided significant benefit. Other treatment included physical therapy, lumbar trigger point injections, and anterior lumbar discectomies and fusions at L4-5 on 8/20/14. Currently, the injured worker complains of left buttock tenderness, pain with hip internal rotation and flexion, and tenderness down the sciatic notch. The treating physician requested authorization for Methadone 10mg #30, Butalbital APA-caffeine 50-325 40mg #30, and Hydromorphone 2mg #20. A physician's report noted the injured worker was getting good analgesia with no evidence of abuse, diversion, or adverse reactions. He was also able to improve his activities and was better able to use his walker.

IMR ISSUES, DECISIONS AND RATIONALES

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

Methadone 10mg Qty: 30.00: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Pain Interventions and Guidelines Page(s): 74-96.

Decision rationale: Methadone is an opioid medication 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. Delayed adverse effects may occur due to methadone accumulation during chronic administration. Adverse effects include respiratory depression and QT prolongation. Chronic Pain Medical Treatment Guidelines state that opioids are not recommended as a first line therapy. Opioid should be part of a treatment plan specific for the patient and should follow criteria for use. Criteria for use include establishment of a treatment plan, determination if pain is nociceptive or neuropathic, failure of pain relief with non-opioid analgesics, setting of specific functional goals, and opioid contract with agreement for random drug testing. If analgesia is not obtained, opioids should be discontinued. The patient should be screened for likelihood that he or she could be weaned from the opioids if there is no improvement in pain or function. It is recommended for short-term use if first-line options, such as acetaminophen or NSAIDs have failed. In this case the patient has been receiving methadone since at least December 2014 and has not obtained analgesia. In addition, there is no documentation that the patient has signed an opioid contract or is participating in urine drug testing. Criteria for long-term opioid use have not been met. The request is not medically necessary.

Butalbital APAP-caffeine 50-325 40mg Qty: 30.00: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Pain interventions and Guidelines Page(s): 11, 23. Decision based on Non-MTUS Citation Drugs for Pain, Treatment Guidelines from The Medical Letter, April 1, 2013 (Issue 128) page 31.

Decision rationale: This is a compounded oral medication containing butalbital, acetaminophen, and caffeine. Butalbital is a barbiturate. Barbiturate containing analgesics (BCA's) are not recommended for chronic pain. The potential for drug dependence is high and no evidence exists to show a clinically important enhancement of analgesic efficacy of BCAs due to the barbiturate constituents. Acetaminophen is recommended for treatment of chronic pain & acute exacerbations of chronic pain. Acetaminophen overdose is a well-known cause of acute liver failure. Hepatotoxicity from therapeutic doses is unusual. Renal insufficiency occurs in 1 to 2% of patients with overdose. The recommended dose for mild to moderate pain is 650 to 1000 mg orally every 4 hours with a maximum of 4 g/day. Caffeine in doses of 65-200 mg may enhance the analgesic effect of acetaminophen, aspirin or ibuprofen. The guidelines state that, "Any compounded product that contains at least one drug (or drug class) that is not recommended is

not recommended." This medication contains drugs that are not recommended. Therefore, the medication cannot be recommended. The request is not medically necessary.

Hydromorphone 2mg Qty: 20.00: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Pain interventions and Guidelines Page(s): 74-96.

Decision rationale: Hydromorphone is an opioid analgesic. Chronic Pain Medical Treatment Guidelines state that opioids are not recommended as a first line therapy. Opioid should be part of a treatment plan specific for the patient and should follow criteria for use. Criteria for use include establishment of a treatment plan, determination if pain is nociceptive or neuropathic, failure of pain relief with non-opioid analgesics, setting of specific functional goals, and opioid contract with agreement for random drug testing. If analgesia is not obtained, opioids should be discontinued. The patient should be screened for likelihood that he or she could be weaned from the opioids if there is no improvement in pain of function. It is recommended for short-term use if first-line options, such as acetaminophen or NSAIDS have failed. In this case the patient has been receiving opioid medication since at least December 2014 and has not obtained analgesia. Hydromorphone was prescribed n March 2015. There is no indication for additional opioid medications. In addition, there is no documentation that the patient has signed an opioid contract or is participating in urine drug testing. Criteria for long-term opioid use have not been met. The request is not medically necessary.