

Case Number:	CM15-0087010		
Date Assigned:	05/11/2015	Date of Injury:	09/11/2002
Decision Date:	06/19/2015	UR Denial Date:	04/22/2015
Priority:	Standard	Application Received:	05/06/2015

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: New Jersey

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:

The injured worker is 57 year old male, who sustained an industrial injury on September 11, 2002 while working as a truck driver. The injured worker has been treated for neck and low back complaints. The diagnoses have included thoracic or lumbosacral neuritis or radiculitis unspecified, cervical post-laminectomy syndrome, lumbar post-laminectomy syndrome, myalgia and myositis unspecified, displacement of cervical intervertebral disc without myelopathy, brachial neuritis or radiculitis, displacement of lumbar intervertebral disc without myelopathy and headache. Treatment to date has included medications, radiological studies, physical therapy, a cervical laminectomy and a lumbar laminectomy. Current documentation dated April 2, 2015 notes that the injured worker noted chronic left-sided upper neck pain and posterior headaches with radiation to the back of the head and left eye. Examination of the cervical spine revealed tenderness of the left paracervical region and trapezius muscle trigger point pain. Range of motion was noted to be painful. Cracking was also noted with range of motion. The pain worsened with extension of the neck or with keeping his head up. The symptoms were noted to be consistent with upper facet injuries. The injured workers current medication regime was noted to be effective for the pain and provided functional gains by significantly assisting him with his activities of daily living and mobility. The treating physician's plan of care included a request for the medications Methadone 10 mg # 120, Hydrocodone/Acetaminophen 10/325 mg #120 and Soma 350 mg # 120.

IMR ISSUES, DECISIONS AND RATIONALES

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

120 tablets of Methadone 10mg: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines opioids Page(s): 78.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Methadone p. 61-62 and buprenorphine p. 27.

Decision rationale: The MTUS Chronic Pain Guidelines state that methadone is recommended as a second-line drug for moderate to severe pain if the potential benefits outweighs the risks as there has been reported severe cases of morbidity and mortality associated with its use. Methadone should only be prescribed by providers experienced in using it and caution should be used when prescribing methadone in patients with respiratory conditions, history of prolonged QT syndrome, or cardiac hypertrophy. The MTUS also states that methadone use for the treatment of opiate agonist dependence is not recommended as a first choice, as buprenorphine is known to cause a milder withdrawal syndrome compared to methadone, yet is equally as effective as methadone. Unless there is a specific contraindication to buprenorphine, it should be considered first when considering a treatment for opiate agonist dependence. Additional recommended steps for methadone prescribing besides weighing risks and benefits for the individual include (MTUS Guidelines): avoid prescribing 40 mg tablets for chronic pain (only for detoxification and maintenance of narcotic addiction), closely monitor patients, assess for dizziness, irregular heartbeat, or fainting, do not take extra tablets if pain isn't controlled, and a complete review of potential drug interactions is required prior to initiation. Upon review of the recent notes available for review from this case, there was record of having taken methadone (4 10 mg pills per day) leading up to this request for renewal. However, there was insufficient and vague reporting of benefit related directly to the ongoing methadone use. Although a general statement of the worker finding relief and function improvements with "medication" use, there was no separation of the methadone and its independent effects in a specific way (which functions improved and by how much, and pain levels with and without methadone use) to help justify methadone continuation. Therefore, the request for methadone is not medically necessary. Weaning may be indicated.

120 tablets of Hydrocodone/Acetaminophen 10/325mg: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines opioids Page(s): 78.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 78-96.

Decision rationale: The MTUS Chronic Pain Medical Treatment Guidelines state that opioids may be considered for moderate to severe chronic pain as a secondary treatment, but require that for continued opioid use, there is to be ongoing review and documentation of pain relief, functional status, appropriate medication use with implementation of a signed opioid contract,

drug screening (when appropriate), review of non-opioid means of pain control, using the lowest possible dose, making sure prescriptions are from a single practitioner and pharmacy, and side effects, as well as consultation with pain specialist if after 3 months unsuccessful with opioid use, all in order to improve function as criteria necessary to support the medical necessity of opioids. Long-term use and continuation of opioids requires this comprehensive review with documentation to justify continuation. In the case of the worker, there was insufficient documentation to show this full review was recently completed with the worker to help justify the continuation of hydrocodone/acetaminophen. There was only vague reporting of benefit and functional gains with "medication" use, but no individual drug assessment. There was no pain level reported with and without use of hydrocodone (which was reportedly used four times daily), and there was no specific functional activities mentioned with the ability to perform these with and without Norco use. Therefore, the request for hydrocodone is not medically necessary. Weaning may be indicated.

120 tablets of Soma 350mg: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines muscle relaxants Page(s): 29.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants AND Carisoprodol Page(s): 29, 63-66.

Decision rationale: The MTUS Guidelines state that using muscle relaxants for muscle strain may be used as a second-line option for short-term treatment of acute exacerbations of chronic pain, but provides no benefit beyond NSAID use for pain and overall improvement, and are likely to cause unnecessary side effects. Efficacy appears to diminish over time, and prolonged use may lead to dependence. The MTUS also states that carisoprodol specifically is not recommended as it is not indicated for long-term use, mostly due to its side effect profile and its potential for abuse. Weaning may be necessary for patients using high doses of carisoprodol. In the case of this worker, there was record of using Soma daily multiple times leading up to this request for ongoing Soma use. Chronic Soma use is not recommended as requested. Also, there was no supportive evidence of independent benefit to help support the ongoing use. Also, there was no evidence to support the worker was having an acute flare of muscle spasm. Therefore, the request for Soma is not medically necessary. Weaning may be indicated.