

Case Number:	CM15-0087292		
Date Assigned:	05/11/2015	Date of Injury:	12/21/2006
Decision Date:	07/09/2015	UR Denial Date:	04/06/2015
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: Texas, Florida

Certification(s)/Specialty: Anesthesiology, Pain Management

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 (IW) is a 38-year-old male who sustained an industrial injury on 12/21/2006. He reported chronic neck and low back pain in the setting of cervical and lumbar degenerative disc disease with radiculopathy and failed neck and back surgery syndrome. The injured worker was diagnosed as having dysrhythmic disorder, depressive disorder, anger and anxiety disorder, degeneration of lumbar or lumbosacral intervertebral disc, postlaminectomy syndrome of cervical region, postlaminectomy syndrome of lumbar region, cervicgia, neck pain, brachial neuritis or radiculitis, thoracic or lumbosacral neuritis or radiculitis. Treatment to date has included a regimen of medications with activity restriction rest. Currently, the injured worker complains of constant neck and low back pain with most of his pain in the neck with associated headaches. The worker reports that the chronic pain medication maintenance regimen, activity restriction, and rest continue to keep pain within a manageable level to all him to complete necessary activities of daily living. Requested medications include Methadone 10mg #30, Percocet 10/325mg #180, Flexeril 10mg #90, Celebrex 200mg #30 and Lyrica 300mg #90. The other medications listed are Senna, Colace, Cymbalta and propranolol.

IMR ISSUES, DECISIONS AND RATIONALES

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

Methadone 10mg #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 81-82.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792. 24. 2 Page(s): 61-62. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter Opioids.

Decision rationale: The CA MTUS and the ODG guidelines recommend that opioids can be utilized for the treatment of severe musculoskeletal pain when standard treatments with NSAIDs and PT have failed. The chronic use of high dose opioids can be associated with the development of tolerance, dependency, addiction, sedation, opioid induced hyperalgesia and adverse interaction with other sedative medications. Because of the significantly high incidence of adverse drug effect associate with the use of methadone, the guidelines recommend that methadone be reserved for patients with a history of opioid addiction and those who have failed treatment with first line opioid medications. The records did not show that the patient met the guidelines criteria for the chronic use of methadone. There is no documentation of serial EKG to monitor adverse methadone EKG effects. The guidelines recommend that chronic pain patients with significant psychiatric condition who are utilizing high dose opioid medications be referred to Pain Programs or Addiction centers for safe weaning. The criteria for the use of methadone 10mg #30 were not medically necessary.

Percocet 10/325mg #180: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792. 24. 2 Page(s): 42-43, 74-96, 124. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter Opioids.

Decision rationale: The CA MTUS and the ODG guidelines recommend that opioids can be utilized for the treatment of severe musculoskeletal pain when standard treatments with NSAIDs and PT have failed. The chronic use of high dose opioids can be associated with the development of tolerance, dependency, addiction, sedation, opioid induced hyperalgesia and adverse interaction with other sedative medications. The patient had continued to report high pain scores signifying opioid induced hyperalgesia. There is no documentation of guidelines mandated compliance monitoring of serial UDS, CURES data reports and functional restoration. The guidelines recommend that chronic pain patients with significant psychiatric condition who are utilizing high dose opioid medications be referred to Pain Programs or Addiction centers for safe weaning. The criteria for the use of Percocet 10/325mg #180 were not medically necessary.

Flexeril 10mg #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants Page(s): 63-64.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792. 24. 2 Page(s): 41-42, 63-66. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter Muscle relaxants.

Decision rationale: The CA MTUS and the ODG guidelines recommend that muscle relaxants can be utilized for the treatment of severe musculoskeletal pain when standard treatment with NSAIDs and PT have failed. The chronic use of muscle relaxants can be associated with the development of tolerance, dependency, addiction, sedation and adverse interaction with opioid medications. The records indicate that the utilization of Flexeril had exceeded that guidelines recommended 4 to 6 weeks maximum duration of use. The criteria for the use of Flexeril 10mg #90 were not medically necessary.

Celebrex 200mg #30: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 22, 67-70.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792. 24. 2 Page(s): 67-73. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter NSAIDs.

Decision rationale: The CA MTUS and the ODG guidelines recommend that NSAIDs can be utilized for the treatment of exacerbation of musculoskeletal pain. The chronic use of NSAIDs can be associated with the development of cardiac, renal and gastrointestinal complications. The utilization of selective NSAIDs such as Celebrex is associated with less gastrointestinal adverse effects than non-selective NSAIDs. The records did not indicate any adverse effect related to the use of Celebrex. The criteria for the use of Celebrex 200mg #30 were medically necessary.

Lyrica 300mg #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 16-19.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792. 24. 2 Page(s): 16-22. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter Anticonvulsants.

Decision rationale: The CA MTUS and the ODG guidelines recommend that anticonvulsants can be utilized for the treatment of neuropathic pain and chronic pain syndrome. The records indicate that the patient reported that the utilization of Lyrica was associated with sleepiness and daytime somnolence. The records did not show that the patient had failed treatment with lower dosage of Lyrica or less sedating anticonvulsant medications. The criteria for the use of Lyrica 300mg #90 were not medically necessary.