

Case Number:	CM14-0015401		
Date Assigned:	02/28/2014	Date of Injury:	07/14/2008
Decision Date:	07/23/2014	UR Denial Date:	01/29/2014
Priority:	Standard	Application Received:	02/06/2014

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. The expert reviewer is Board Certified in Anesthesiology, has a subspecialty in Pain Management and is licensed to practice in Tennessee. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 patient is a 43-year-old male who has submitted a claim for Peripheral Extremity Edema, Essential Hypertension, Insomnia, Low Back Pain, Testosterone Deficiency, and Opioid Dependence, associated with an industrial injury date of July 14, 2008. Medical records from 2013 through 2014 were reviewed, which showed that the patient complained of constant severe low back pain radiating to the right buttock, posterior thigh, and foot. Associated symptoms included stiffness, paravertebral muscle spasm, radicular left leg pain, and weakness of the left lower leg. On physical examination, gait was slowed and there was pain with back range of motion. Treatment to date has included medications including Methadone 10 mg 5 tab 3x QD (since July 2013), Norco 10 mg 2 tab 3x QD (since July 2013), and Soma 2 qhs (since July 2013). Utilization review from January 29, 2014 modified the request for refill Methadone 10, 5 tabs 3x qd to Methadone 10, 4 tabs 2x qd; and Soma 2 qhs to Soma 1 qhs #30 to allow weaning. The same utilization review certified the request for Norco 10 mg, 2 tabs 3x qd as methadone was reduced.

IMR ISSUES, DECISIONS AND RATIONALES

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

REFILL METHADONE10 5 TABS 3TIMES QUANTITY: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Methadone Page(s): 61-62.

Decision rationale: According to pages 61-62 of the California MTUS Chronic Pain Medical Treatment Guidelines, 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. In addition, guidelines state that methadone can accumulate in potentially harmful doses and multiple potential drug-drug interactions can occur. In this case, Methadone was being prescribed since July 2013 (12 months to date). However, given the 2008 date of injury, the exact duration of Methadone use is not clear. There was also no discussion regarding continued analgesia, functional benefit, or a lack of adverse effects or aberrant use. Furthermore, there was no discussion regarding benefits outweighing the risks of Methadone use. Moreover, the present request failed to specify the number of tablets to be dispensed; thus, the request is incomplete. Therefore, the request for refill Methadone 10 5 tabs 3 times quantity is not medically necessary.

NORCO 10MG 2 TAB 3 TIMES QUANTITY: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, On-going Management, Page(s): 78-81.

Decision rationale: According to pages 78-81 of the California MTUS Chronic Pain Medical Treatment Guidelines, ongoing opioid treatment is not supported unless prescribed at the lowest possible dose and unless there is ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. In this case, Norco was being prescribed since July 2013 (12 months to date). However, given the 2008 date of injury, the exact duration of Methadone use is not clear. There was also no discussion regarding continued analgesia, functional benefit, or a lack of adverse effects or aberrant use. Furthermore, there was no discussion regarding non-opiate means of pain control or endpoints of treatment. Moreover, the present request failed to specify the number of tablets to be dispensed; thus, the request is incomplete. Although opioids may be appropriate, additional information would be necessary. Therefore, the request for Norco 10mg 2 tab 3 times is not medically necessary.

SOMA 2 QHS: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Carisoprodol (Soma) Page(s): 29, 65.

Decision rationale: According to pages 29 & 65 of the CA MTUS Chronic Pain Medical Treatment Guidelines, carisoprodol (Soma) is not recommended and is not indicated for long-

term use. Guidelines state that its use is not recommended for longer than a 2 to 3 week period. Carisoprodol is metabolized to meprobamate, an anxiolytic that is a schedule IV controlled substance. In addition, abuse has been noted for sedative and relaxant effects. In this case, Soma was being prescribed since July 2013 (12 months to date), which exceeds the duration of use recommended by guidelines. Moreover, the medical records failed to provide evidence of continued functional benefit with this medication. A clear rationale for continued use of Soma was not provided. The present request also failed to specify the number of tablets to be dispensed; thus, the request is incomplete. Therefore, the request for SOMA 2 QHS is not medically necessary.