

Case Number:	CM14-0144112		
Date Assigned:	09/12/2014	Date of Injury:	05/19/2005
Decision Date:	10/17/2014	UR Denial Date:	08/11/2014
Priority:	Standard	Application Received:	09/05/2014

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 Physical Medicine and Rehabilitation, has a subspecialty in Pain Medicine, and is licensed to practice in Texas and Ohio. 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 injured worker is a 60-year-old male who reported an injury on 05/19/2005. Reportedly the injured worker sustained injuries to his back when he was lifting an 80 pound block of sheet rock. The injured worker's prior treatment history included medications, MRI studies, physical therapy, testing, and physical therapy. A urine drug screen was done on 03/12/2014 that was positive for diazepam, hydrocodone/APAP, and methadone. The injured worker was evaluated on 08/29/2014 and it was documented that the injured worker complained of worsening neck pain which he attributed to his industrial injury. He stated reported popping in his neck with association of loss of balance and blurred vision in the right eye, as well as stiffness with driving. His pain level was at 8/10 as he had just taken his medication. he stated he continued to do daily exercise with walking 45 to 60 minutes daily around the park as well as going with his friends for disc golfing. The pain level without medications was 9/10 to 10/10 and with medications it was 6/10 to 7/10. The provider noted per his progress note dated 07/02/2014, the injured worker continued 20% to 80% pain relief with the use of methadone and Norco. He stated that without his methadone, he would be bed ridden and unable to walk. With continued use of pain medication, he was able to care for his 2 young grandchildren (1 year and 5 years old) and walk in the park with friends half mile twice weekly, perform light yard work, mowing his lawn, going grocery shopping, and caring for his dog. The injured worker received bilateral L3-S1 facets injection on 08/06/2014 that gave him 75% to 80% relief and a lasting duration of 6 to 8 months. He continued to benefit with the use of Valium for his muscle spasms, anxiety, and occasional panic attacks. He continued to use his Valium as needed only; however, he stated occasionally needing more with his panic attacks or increased anxiety days. He had previously failed Flexeril and Soma. The examination revealed the injured worker had symptoms of

constipation, muscle weakness, difficulty falling sleeping, and difficulty remaining asleep. There were no symptoms of excessive fatigue, fever, chills, unplanned weight loss, chest pain, and shortness of breath, wheezing, nausea, or vomiting. The examination of the lumbar revealed tenderness to palpation bilaterally at the paraspinal muscles. Active range of motion was flexion to 20 degrees and extension less than 10 degrees; positive facet tenderness left greater than right at L3-S1. Medications included methadone HCl 10 mg, Norco 10/325 mg, and diazepam 10 mg. Diagnoses included Lumbago, bulging lumbar disc, lumbar facet arthropathy, cervicalgia, and lumbar radiculitis. The Request for Authorization dated 09/02/2014 was for methadone 10 mg, Norco 10/325 mg, and Valium 10 mg.

IMR ISSUES, DECISIONS AND RATIONALES

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

Methadone 10 MG #180: Upheld

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

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

Decision rationale: The requested is not medically necessary. According to the Chronic Pain Medical Treatment Guidelines recommends Methadone 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. Methadone should only be prescribed by providers experienced in using it. Pharmacokinetics: Genetic differences appear to influence how an individual will respond to this medication. Following oral administration, significantly different blood concentrations may be obtained. Vigilance is suggested in treatment initiation, conversion from another opioid to methadone, and when titrating the methadone dose. Adverse effects: Delayed adverse effects may occur due to methadone accumulation during chronic administration. Systemic toxicity is more likely to occur in patients previously exposed to high doses of opioids. This may be related to tolerance that develops related to the N-methyl- D-aspartate (NMDA) receptor antagonist. Patients may respond to lower doses of methadone than would be expected based on this antagonism. One severe side effect is respiratory depression (which persists longer than the analgesic effect). The provider failed to provide documentation, attempts at weaning/tapering, and updated and signed pain contract between the provider and the injured worker, as mandated by CA MTUS guidelines for chronic opiate use. Additionally, the request for methadone failed to indicate duration and frequency for medication use. As such, the request for methadone 10 mg #180 is not medically necessary.

Norco 10/325 MG #120 with 2 Refills: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

Decision rationale: The request Norco 10 /325 mg # 120 with 2 refills is not medically necessary. The California Medical Treatment Utilization Schedule (MTUS) guidelines state that criteria for use for ongoing- management of opioids include ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. There was lack of evidence of opioid medication management and average pain, intensity of pain, or longevity, of pain relief. In addition, the request does not include the frequency or duration of medication. As such, the request is not medically necessary.

Valium (Diazepam) 10 MG #60 with 2 Refills: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines Page(s): 24.

Decision rationale: The requested is not medically necessary. Per California Medical Treatment Utilization Schedule (MTUS) Guidelines do not recommend Benzodiazepines for long-term use because long-term use because long-term efficacy is unproven and there is a risk of dependence. Most guidelines limit use to 4 weeks. Their range of action includes sedative/hypnotic, anxiolytic, anticonvulsant, and muscle relaxant. Chronic benzodiazepines are the treatment of choice in very few conditions. Tolerance to hypnotic effects develops rapidly. Tolerance to anxiolytic effects occurs within months and long-term use may actually increase anxiety. A more appropriate treatment for anxiety disorder is an antidepressant. Tolerance to anticonvulsant and muscle relaxant effects occurs within weeks. The request failed to include frequency, duration and quantity. As such, the request for Valium (Diazepam) 10 mg # 60 with 2 refills is not medically necessary.