

Case Number:	CM14-0145498		
Date Assigned:	09/12/2014	Date of Injury:	12/31/2007
Decision Date:	10/14/2014	UR Denial Date:	08/08/2014
Priority:	Standard	Application Received:	09/08/2014

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 Occupational Medicine, and is licensed to practice in California. 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:

According to the records made available for review, this is a 39-year-old male with a 12/31/07 date of injury. At the time (7/2/14) of request for authorization for Methadone (Dolophine) HCL 10mg, #60 and Oxycodone (Oxycontin) HCL 15mg, #60, there is documentation of subjective (low back pain) and objective (tenderness over the bilateral lumbar paraspinals with spasm, positive bilateral straight leg raising test, and diminished sensation with dysesthesias, hyperpathia, and paresthesias along the bilateral L4, bilateral L5, and bilateral S1 root distribution) findings, current diagnoses (post lumbar laminectomy syndrome, radiculopathy, low back pain, and lumbar spondylosis), and treatment to date (medications (including ongoing treatment with Methadone and Oxycodone since at least 1/10/14)). Medical reports identify that there is ongoing opioid treatment agreement. In addition, medical reports identify that medications provide pain relief and functional improvements in activities of daily living. Regarding Methadone, there is no documentation that potential benefit outweighs the risk. Regarding Oxycontin, there is no documentation of moderate to severe pain when a continuous, around-the-clock analgesic is needed for an extended period of time.

IMR ISSUES, DECISIONS AND RATIONALES

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

Methadone (Dolophine) HCL 10mg, #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 61-62;74-80. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: Title 8, California Code of Regulations, section 9792.20

Decision rationale: MTUS Chronic Pain Medical Treatment Guidelines identifies documentation of Methadone used as a second-line drug for moderate to severe pain if the potential benefit outweighs the risk, and that Methadone is being prescribed by providers with experience in using it, as criteria necessary to support the medical necessity of Methadone. In addition, MTUS Chronic Pain Medical Treatment Guidelines necessitate documentation that the prescriptions are from a single practitioner and are taken as directed; the lowest possible dose is being prescribed; and there will be ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects, as criteria necessary to support the medical necessity of opioids. MTUS-Definitions identifies that any treatment intervention should not be continued in the absence of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services. Within the medical information available for review, there is documentation of diagnoses of post lumbar laminectomy syndrome, radiculopathy, low back pain, and lumbar spondylosis. In addition, there is ongoing treatment with Methadone. Furthermore, given documentation of ongoing treatment with other opioids, there is documentation that Methadone is used as a second-line drug for moderate to severe pain. Moreover, given documentation that there is ongoing opioid treatment agreement, there is documentation that the prescriptions are from a single practitioner and are taken as directed; the lowest possible dose is being prescribed; and there will be ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Lastly, given documentation that Methadone provides pain relief and functional improvements in activities of daily living, there is documentation of functional benefit and improvement as an increase in activity tolerance as a result of Methadone use to date. However, there is no documentation that potential benefit outweighs the risk. Therefore, based on guidelines and a review of the evidence, the request for Methadone (Dolophine) HCL 10mg, #60 is not medically necessary.

Oxycodone (Oxycontin) HCL 15mg, #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Long term use of opiates.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids; Oxycodone Page(s): 74-80; 92. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: Title 8, California Code of Regulations, section 9792.20

Decision rationale: MTUS Chronic Pain Medical Treatment Guidelines identifies documentation of moderate to severe pain when a continuous, around-the-clock analgesic is needed for an extended period of time, as criteria necessary to support the medical necessity of Oxycontin. In addition, MTUS Chronic Pain Medical Treatment Guidelines identifies documentation that the prescriptions are from a single practitioner and are taken as directed; the

lowest possible dose is being prescribed; and there will be ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects, as criteria necessary to support the medical necessity of Oxycontin. MTUS-Definitions identifies that any treatment intervention should not be continued in the absence of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services. Within the medical information available for review, there is documentation of diagnoses of post lumbar laminectomy syndrome, radiculopathy, low back pain, and lumbar spondylosis. In addition, there is documentation of ongoing treatment with Oxycontin. Furthermore, given documentation that there is ongoing opioid treatment agreement, there is documentation that the prescriptions are from a single practitioner and are taken as directed; the lowest possible dose is being prescribed; and there will be ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Lastly, given documentation that Oxycontin provides pain relief and functional improvements in activities of daily living, there is documentation of functional benefit and improvement as an increase in activity tolerance as a result of Oxycontin use to date. However, there is no documentation of moderate to severe pain when a continuous, around-the-clock analgesic is needed for an extended period of time. Therefore, based on guidelines and a review of the evidence, the request for Oxycodone (Oxycontin) HCL 15mg, #60 is not medically necessary.