

Case Number:	CM14-0160089		
Date Assigned:	10/03/2014	Date of Injury:	01/07/2000
Decision Date:	11/03/2014	UR Denial Date:	09/11/2014
Priority:	Standard	Application Received:	09/29/2014

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:

This is a 42-year-old male with a 1/7/00 date of injury. The mechanism of injury occurred while lifting at work. The patient reported the same low back pain intensity and no change in left lower extremity distribution. He reported that without pain medications, he is bedridden. He stated that his pain score is 9/10 without medications and 5/10 with medications. The medications prescribed are keeping the patient functional, allowing for increased mobility, and tolerance of activities of daily living and home exercises. Objective findings: tenderness to palpation paraspinals with radiating pain down his lower extremities bilaterally, higher distribution on left side, limited lumbar range of motion, decreased sensation of lower extremities to light touch, tenderness over the medial joint line and limited range of motion of right knee. Diagnostic impression: lumbago, thoracic/lumbosacral neuritis/radiculitis, post laminectomy syndrome (lumbar region), intervertebral lumbar discopathy without myelopathy, degeneration lumbar/lumbosacral intervertebral disc, right knee pain. Treatment to date: medication management, activity modification, physical therapy, acupuncture, epidural steroid injections, surgery. A UR decision dated 9/11/14 modified the request for Methadone from 120 tablets to 100 tablets and denied the request for Flexeril. Regarding Methadone, taking into account the lack of documentation of aberrant behavior or illicit drug use and the prescribed MED of 320mg/day in relation to the guideline recommended daily MED of 120mg, it would appear medically necessary to initiate a tapering down process in an attempt to achieve a lower and safer daily MED. Regarding Flexeril, there is a lack of documentation of valid outcome tool measured improvement with its previous use and lack of efficacy of this class of medication above and beyond first-line of analgesic/anti-inflammatory agents of which there is a concurrent request for (Flector patch).

IMR ISSUES, DECISIONS AND RATIONALES

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

Methadone 10mg #120: Upheld

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

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

Decision rationale: 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. 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. However, in the present case, there is no documentation that the patient has had a trial and failure of a first-line opioid medication. In addition, given the 2000 date of injury, well over a decade ago, the duration of opiate use to date is not clear. There is no discussion regarding non-opiate means of pain control, or endpoints of treatment. There is no documentation of lack of aberrant behavior or adverse side effects, an opioid pain contract, urine drug screen, or CURES monitoring. Furthermore, the patient's daily MED is calculated to be 320. Guidelines do not support daily MED above 200 due to the risk of adverse effects, such as sedation. Therefore, the request for Methadone 10mg #120 was not medically necessary.

Flexeril 5mg #90: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 41-42.

Decision rationale: According to page 41 of the CA MTUS Chronic Pain Medical Treatment Guidelines, Cyclobenzaprine is recommended as an option, using a short course of therapy. The effect is greatest in the first 4 days of treatment, suggesting that shorter courses may be better. Treatment should be brief. There is also a post-op use. The addition of cyclobenzaprine to other agents is not recommended. According to the records reviewed, this patient has been on Flexeril since at least 4/2/14, if not earlier. Guidelines do not support the long-term use of muscle relaxants. In addition, there is no documentation that the patient has had an acute exacerbation to his pain. Therefore, the request for Flexeril 5mg #90 was not medically necessary.