

Case Number:	CM15-0110911		
Date Assigned:	06/17/2015	Date of Injury:	02/06/2008
Decision Date:	07/22/2015	UR Denial Date:	05/22/2015
Priority:	Standard	Application Received:	06/09/2015

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, California
 Certification(s)/Specialty: Family Practice

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 54-year-old male patient, who sustained an industrial injury on 02/06/2008. The diagnoses include low back pain; lumbar radiculopathy; post lumbar laminectomy syndrome; spinal/lumbar degenerative disc disease; status post bilateral laminotomy at the L4-L5 and L5-S1 levels, on 06/24/2008; and status post lumbar spine fusion surgery at the L4-L5 and L5-S1 levels, on 01/13/2009. Per the doctor's note dated 6/12/15, he had complaints of low back pain and right extremity pain at 7. 5/10 with medications and 10/10 without medications. Per the letter dated 6/2/2015, patient had improved pain from 10/10 to 6/10 with medications and able to perform home exercise and other activity with medications. Per the progress note from the treating physician, dated 05/15/2015, he had complains of back pain with radiation to both legs, including postero-lateral thigh and calf, including the lateral, bottom, and dorsal aspect of the foot; low back down both legs. The pain was rated as 5. 5 on a scale from 1 to 10 with medications; pain is rated as 10 on a scale 1 to 10 without medications; quality of sleep was poor; activity level had remained the same; he had continued with physical therapy which has been helping with his range of motion and pain; and taking his medications as prescribed, and the medications were working well. It was noted that the spinal cord stimulator trial made his pain worse. The physical examination revealed positive straight leg raising test on both the sides; generalized swelling of the left knee; tenderness to palpation over the left knee lateral joint line, medial joint line, and patella; mild effusion in the left knee joint; tenderness to palpation and spasms over the lumbar paravertebral musculature; and decreased lumbar spine range of motion. The medications list includes Percocet, Methadone, Naprosyn, Neurontin, Lyrica, Prozac, Colace, and Omeprazole. Treatment to date has included medications, diagnostics, physical therapy, injections, TENS (transcutaneous electrical nerve stimulation) unit, spinal cord stimulator trial, and surgical intervention. The treatment plan has included the request for Methadone HCl 10mg tablet take 1 four times a day #75; and Percocet 10-325mg tablet take

1 every 4-6 hours as needed for pain (maximum 4/day) #20.

IMR ISSUES, DECISIONS AND RATIONALES

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

Methadone Hcl 10mg tablet take 1 four times a day #75: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines CRITERIA FOR USE OF OPIOIDS, page 75-80, Methadone, page 61.

Decision rationale: Q--Methadone Hcl 10mg tablet take 1 four times a day #75. Methadone is an opioid analgesic. According to CA MTUS 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. 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." According to the cited guidelines, "A therapeutic trial of opioids should not be employed until the patient has failed a trial of non-opioid analgesics. Before initiating therapy, the patient should set goals, and the continued use of opioids should be contingent on meeting these goals." The records provided do not specify that that patient has set goals regarding the use of opioid analgesic. The treatment failure with non-opioid analgesics is not specified in the records provided. Other criteria for ongoing management of opioids are: "The lowest possible dose should be prescribed to improve pain and function. Continuing review of overall situation with regard to nonopioid means of pain control. Ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Consider the use of a urine drug screen to assess for the use or the presence of illegal drugs." The records provided do not provide a documentation of response in regards to significant objective functional improvement to opioid analgesic for this patient. The continued review of the overall situation with regard to non-opioid means of pain control is not documented in the records provided. Response to lower potency opioid for chronic pain is not specified in the records provided. A recent urine drug screen report is not specified in the records provided. This patient does not meet criteria for ongoing continued use of opioids analgesic. The medical necessity of Methadone Hcl 10mg tablet take 1 four times a day #75 is not established for this patient, based on the clinical information submitted for this review and the peer reviewed guidelines referenced. If this medication is discontinued, the medication should be tapered, according to the discretion of the treating provider, to prevent withdrawal symptoms. The request is not medically necessary.

Percocet 10-325mg tablet take 1 every 4-6 hours as needed for pain (maximum 4/day) #20: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines CRITERIA FOR USE OF OPIOIDS Page(s): 75-80.

Decision rationale: Q--Percocet 10-325mg tablet take 1 every 4-6 hours as needed for pain (maximum 4/day) #20Percocet contains oxycodone and acetaminophen. Oxycodone is an opioid analgesic. According to the cited guidelines, "A therapeutic trial of opioids should not be employed until the patient has failed a trial of non-opioid analgesics. Before initiating therapy, the patient should set goals, and the continued use of opioids should be contingent on meeting these goals." The records provided do not specify that that patient has set goals regarding the use of opioid analgesic. The treatment failure with non-opioid analgesics is not specified in the records provided. Other criteria for ongoing management of opioids are: "The lowest possible dose should be prescribed to improve pain and function. Continuing review of overall situation with regard to non-opioid means of pain control. Ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Consider the use of a urine drug screen to assess for the use or the presence of illegal drugs. "The records provided do not provide a documentation of response in regards to significant objective functional improvement to opioid analgesic for this patient. The continued review of the overall situation with regard to non-opioid means of pain control is not documented in the records provided. Response to lower potency opioid for chronic pain is not specified in the records provided. A recent urine drug screen report is not specified in the records provided. In addition patient was approved for 100 tablets of percocet for weaning. This patient does not meet criteria for ongoing continued use of opioids analgesic. The medical necessity of Percocet 10-325mg tablet take 1 every 4-6 hours as needed for pain (maximum 4/day) #20 is not established for this patient, based on the clinical information submitted for this review and the peer reviewed guidelines referenced. If this medication is discontinued, the medication should be tapered, according to the discretion of the treating provider, to prevent withdrawal symptoms. The request is not medically necessary.