

<b>Case Number:</b>	CM15-0122415		
<b>Date Assigned:</b>	07/06/2015	<b>Date of Injury:</b>	07/22/1996
<b>Decision Date:</b>	09/03/2015	<b>UR Denial Date:</b>	06/18/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/25/2015

### 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: Arizona, Michigan

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

### 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 64 year old male, who sustained an industrial injury on 7/22/1996. The current diagnoses are degeneration of lumbar or lumbosacral intervertebral disc, sprain/strain of cruciate ligament of the knee, osteoarthritis (lower leg), slow transit constipation, anxiety, and depression. According to the progress report dated 6/5/2015, the injured worker complains of a moderate increase in low back pain with increased activity, intermittent leg radiculopathy, and right knee pain and swelling. His current pain level is rated 5/10 on a subjective pain scale. The physical examination of the lumbar spine reveals moderate paraspinal muscle spasm. The current medications are Topamax, Citalopram, Miralax, Mobic, Methadone, and Reglan. There is documentation of ongoing treatment with Methadone since at least 11/10/2014 and Reglan since at least 10/13/2014. Per notes, he has weaned his Methadone down to 3-4/day and is benefiting from that well. Urine drug screen from 11/10/2014 was inconsistent with prescribed medications. Treatment to date has included medication management. His work status was not described. A request for Methadone and Reglan has been submitted.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Methadone 10mg #90:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids  
Page(s): 74-96.

**Decision rationale:** Per the CA 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. 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. One severe side effect is respiratory depression; therefore, it should be given with caution to patients with decreased respiratory reserve. Methadone is only FDA-approved for detoxification and maintenance of narcotic addiction. In addition, as with any opioid treatment, the CA MTUS discourages long term usage unless there is evidence of "ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Pain assessment should include: current pain; the least reported pain over the period since last assessment; average pain; intensity of pain after taking the opioid; how long it takes for pain relief; and how long pain relief lasts. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life." In this case, the submitted medical records failed to provide documentation regarding detoxification and/or a diagnosis of narcotic addiction that would support the use of Methadone treatment. Additionally, the treating physician did not document the least reported pain over the period since last assessment, average pain, and intensity of pain after taking the opioid, how long it takes for pain relief, how long pain relief lasts, improvement in pain, and improvement in function. These are necessary to meet the CA MTUS guidelines. Therefore, based on CA MTUS guidelines and submitted medical records, the request for Methadone is not medically necessary.

**Reglan 10mg #120 with 2 refills:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Camilleri M, Parkman HP, Shafi MA, Abell TL, Gerson L. Clinical Guideline: management of gastroparesis Am J Gastroenterol. 2013 Jan; 108(1):18-37.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (Chronic)/Antiemetics (for opioid nausea) and Other Medical Treatment Guidelines Physicians' Desk Reference/Metoclopramide (PDR.net).

**Decision rationale:** The CA MTUS and Official Disability Guidelines is silent regarding the use of Reglan. Per the PDR, Reglan (Metoclopramide) is a dopamine antagonist/prokinetic indicated for "(PO) Short-term therapy (4-12 weeks) for adults with symptomatic, documented gastroesophageal reflux disease (GERD) who fail to respond to conventional therapy. (PO, Inj) Relief of symptoms associated with acute and recurrent diabetic gastric stasis in adults. (Inj) Prevention of postoperative N/V (PONV) or chemotherapy-induced N/V. Facilitates small bowel

intubation in adults and pediatric patients in whom the tube does not pass the pylorus with conventional maneuvers, stimulates gastric emptying and intestinal transit of barium in cases where delayed emptying interferes with radiological examination of the stomach and/or small intestine." Per the ODG, antiemetics are not recommended for nausea and vomiting secondary to chronic opioid use. A review of the injured workers medical records did not reveal a clear rationale for the use of this medication, neither was there any documentation of specific benefit from the use of this medication, without this information it is not possible to determine if continued use is medically necessary, therefore the request for Reglan 10mg #120 with 2 refills is not medically necessary.