

Case Number:	CM15-0126305		
Date Assigned:	07/10/2015	Date of Injury:	11/29/2000
Decision Date:	09/10/2015	UR Denial Date:	06/23/2015
Priority:	Standard	Application Received:	06/30/2015

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: New York

Certification(s)/Specialty: Anesthesiology

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 sustained an industrial injury on 11/29/2000. Current diagnoses include lumbago, congestive heart failure, depressive disorder, unspecified essential hypertension, and rheumatoid arthritis. Previous treatments included medications, back surgeries, and elbow surgery. Previous diagnostic studies include lumbar spine MRI, lumbar spine CT scan, lumbar spine x-rays, and urine drug screenings. Report dated 03/10/2015 notes that the physician has released the injured worker from his care as the injured worker is not happy with his medications being reduced. Report dated 04/07/2015 noted that the lab never received a urine sample for the urine drug screen on 03/10/2015, and therefore the test was repeated. Report dated 06/09/2015 noted that the injured worker presented with complaints that included constant low back pain with numbness in the left leg. It was noted that medications help his pain and he is able to do more gardening, walk, and do household chores. Current medication regimen includes hydroxychor, Methadone HCL, Norco, Soma, temazepam, and venlafaxine HCL. Pain level was not included. Physical examination was positive for pain in the right knee with range of motion, neck pain with range of motion, and borderline positive straight leg raise with muscle spasm. The treatment plan included checking the CURES report and writing prescriptions for Methadone, Norco, Soma, temazepam, and venlafaxine. The physician noted that the injured worker has not found a new pain physician as of yet. The injured worker has been discharged from care as of 06/09/2015 due to non-compliance and was advised to find a new physician through his attorney, family MD, or through the local medical society. Urine drug screening performed on 10/24/2014 and 04/07/2015 revealed inconsistent results for

prescribed medications. The urine drug screenings were positive for methamphetamine and marijuana. The injured worker has been prescribed Methadone and Soma since at least 01/15/2015 with no change in dosage or frequency of these medications. Disputed treatments include Methadone and Soma.

IMR ISSUES, DECISIONS AND RATIONALES

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

Methadone 10mg #180: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Methadone, Opioids, steps to avoid misuse/addiction, Opioids, Weaning of Medications Page(s): 61-62, 91-96.

Decision rationale: The California MTUS chronic pain medical treatment guidelines provide specific guidelines for the use of Methadone. "Methadone is recommended as a second-line drug for moderate to severe pain, only 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. Genetic differences appear to influence how an individual will respond to this medication. 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. Multiple potential drug-drug interactions can occur with the use of Methadone. This drug should be reserved for use by experienced practitioners, including pain medicine or addiction specialists. Methadone is considered useful for treatment when there is evidence of tolerance to other opiate agonists or when there is evidence of intractable side effects due to opiates." The documentation submitted supports that the injured worker is showing signs of aberrant behavior, which is supported by the inconsistent results found on the urine drug screenings. Furthermore the documentation does not support functional improvement with the use of Methadone. Functional improvement means decrease in work restrictions or improvement in activities of daily living (ADLs) plus decreased dependence on medical treatment. Therefore, the request for Methadone 10mg, #180 is not medically necessary.

Soma 350mg #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Carisoprodol (Soma).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Functional Improvement, Muscle relaxants for pain, and Carisoprodol (Soma) Page(s): 1, 63, and 65.

Decision rationale: The California MTUS chronic pain medical treatment guidelines provide specific guidelines for the use of muscle relaxants. "Recommendation is for non-sedating muscle relaxants with caution as a second-line option for short term treatment of acute exacerbations in patients with chronic low back pain." Carisoprodol (Soma) is not recommended for longer than a 2-3 week period. Physical examination was positive for a moderate muscle spasm in the low back, but there is no functional improvement noted with the use of this medication. Functional improvement means decrease in work restrictions or improvement in activities of daily living (ADLs) plus decreased dependence on medical treatment. Documentation provided supports that the injured worker has been prescribed carisoprodol (Soma) since at least 01/15/2013, which is greater than the recommended 2-3 weeks. Also the injured worker has signs of aberrant behavior as urine drug screens are positive for methamphetamine and marijuana. The treating physician did not provide sufficient evidence of improvement in the work status, activities of daily living, and dependency on continued medical care. Therefore, the request for Soma 350mg, #90 is not medically necessary.