MAXIMUS Federal Services

Case Number:	CM15-0173160		
Date Assigned:	09/15/2015	Date of Injury:	03/05/2001
Decision Date:	11/03/2015	UR Denial Date:	08/20/2015
Priority:	Standard	Application Received:	09/02/2015

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: California
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 57 year old male who sustained an industrial injury on 3-5-01. Progress report dated 7-10-15 reports continued complaints of low back pain that is pulsating, sharp and shooting, rated 6 out of 10. The neck pain is described as stiff pain with twisting. Diagnoses include: lumbar radiculitis, facet joint arthritis and lumbalgia. Plan of care includes: continue medications, continue home exercise program, prescription given for methadone 10 mg, norco 10-325 mg and cyclobenzaprine. Work status: return to modified work on 8-30-15.

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: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Methadone.

Decision rationale: Routine long-term opioid therapy is not recommended, and The Official Disability Guidelines recommends consideration of a one-month limit on opioids for new chronic non-malignant pain patients in most cases, as there is little research to support use. The research available does not support overall general effectiveness and indicates numerous adverse effects with long-term use. The latter includes the risk of ongoing psychological dependence with difficultly weaning. The ODG recommends methadone as a second-line drug for moderate to severe pain, only if the potential benefit outweighs the risk, unless methadone is prescribed by pain specialists with experience in its use and by addiction specialists, where first-line use may be appropriate. 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. Due to the complexity of dosing and potential for adverse effects including respiratory depression and adverse cardiac events, this drug should be reserved for use by experienced practitioners (i.e. pain medicine or addiction specialists). Evidence based guidelines note that continuation of opioids is medically appropriate when their only physician is prescribing, the lowest dose possible is used, and there is ongoing review of functional status, objective improvement, appropriate medication use, and monitoring side effects. Use of drug screening or inpatient treatment with issues of abuse, addiction, or poor pain control. Documentation of misuse of medications (doctor shopping, uncontrolled drug escalation, drug diversion). Continuing review of overall situation with regard to non-opioid pain control. There is no documentation of the above criteria. Methadone 10mg #90 is not medically necessary.

Clonidine 0.1mg #60: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Clonidine, Intrathecal.

Decision rationale: The off-label use of oral clonidine is common for the treatment of alcohol and opiate withdrawal. Anecdotal evidence supports its use. Results of studies have been mixed, however. Currently, the FDA has approved the use of only intrathecal clonidine in combination with another opiate for intractable cancer pain. The use of oral clonidine is not supported by the Official Disability Guidelines. Clonidine 0.1mg #60 is not medically necessary.

Norco 10/325mg #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009. Decision based on Non-MTUS Citation Official Disability Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids for chronic pain.

Decision rationale: The MTUS recommends Norco for moderate to moderately severe pain. Opioids for chronic pain appears to be efficacious but limited for short-term pain relief, and long-term efficacy is unclear, but also appears limited. If the patient does not respond to a time limited course of opioids it is suggested that an alternate therapy be considered. There is no documentation of a current urine drug screen, risk assessment profile, attempt at weaning/

tapering, and an updated and signed pain contract between the provider and claimant. The most recent evaluations failed to document the necessary criteria. Norco 10/325mg #90 is not medically necessary.

Cyclobenzaprine 10mg #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009. Decision based on Non-MTUS Citation Official Disability Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Cyclobenzaprine (Flexeril).

Decision rationale: The MTUS Chronic Pain Treatment Guidelines do not recommend long-term use of muscle relaxants such as cyclobenzaprine. The patient has been taking cyclobenzaprine for an extended period, long past the 2-3 weeks recommended by the MTUS. The clinical information submitted for review fails to meet the evidence based guidelines for the requested medication. Cyclobenzaprine 10mg #30 is not medically necessary.