MAXIMUS Federal Services

| Case Number: | CM15-0173271 | | |
|---|---|---|---|
| Date Assigned: | 09/15/2015 | Date of Injury: | 09/10/2002 |
| Decision Date: | 11/03/2015 | UR Denial Date: | 08/24/2015 |
| 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 47 year old male, who sustained an industrial injury on 9-10-2002. Medical records indicate the worker is undergoing treatment for chronic pain syndrome, failed back surgery syndrome with chronic regional pain syndrome in the trunk and leg and severe mid back pain. A recent progress report dated 8-17-2015, reported the injured worker complained of numbness in the arms and legs. Physical examination revealed a steady gait with a cane and 95 degrees flexion and 15 degrees extension. Treatment to date has included physical therapy and medication management. The physician is requesting Methadone 5mg #90, Butrans 20mcg #4 with 1 refill, thoracic and lumbar spine computed tomography scan and Amitiza 24mcg #30 with 1 refill. On 8-24-2015, the Utilization Review modified Methadone 5mg #90 to #10 and noncertified Butrans 20mcg #4 with 1 refill, thoracic and lumbar spine computed tomography scan and Amitiza 24mcg #30 with 1 refill.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Methadone 5mg #90:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009.

**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). A previous utilization review decision provided the patient with sufficient quantity of medication to be weaned slowly over the course of one month. Methadone 5mg #90 is not medically necessary.

**Butrans 20mcg #4 with 1 refill:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain (Chronic).

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

**Decision rationale:** Butrans is indicated for the management of pain severe enough to require daily, around-the-clock, long-term opioid treatment and for which alternative treatment options are inadequate. The Chronic Pain Medical Treatment Guidelines state that continued or long-term use of opioids should be based on documented pain relief and functional improvement or improved quality of life. A PR-s dated 06/05/2015 stated that the patient stopped using Butrans because of reported rectal bleeding and constipation. Butrans 20mcg #4 with 1 refill is not medically necessary.

**CT scan of the thoracic and lumbar spine:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Neck and Upper Back Complaints 2004, and Low Back Complaints 2004.

**MAXIMUS guideline:** Decision based on MTUS Low Back Complaints 2004, Section(s): Special Studies.

**Decision rationale:** Imaging studies should be reserved for cases in which surgery is considered or red-flag diagnoses are being evaluated. Because the overall false-positive rate is 30% for imaging studies in patients over age 30 who do not have symptoms, the risk of diagnostic confusion is great. If physiologic evidence indicates tissue insult or nerve impairment, the practitioner can discuss with a consultant the selection of an imaging test to define a potential cause (magnetic resonance imaging [MRI] for neural or other soft tissue, computed tomography [CT] for bony structures). CT scan of the thoracic and lumbar spine is not medically necessary.

**Amitiza 24mcg #30 with 1 refill:** Upheld

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

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

**Decision rationale:** The Chronic Pain Medical Treatment Guidelines makes provision for the prophylactic treatment of constipation secondary to chronic opiate use; however, the patient was previously provided with a sufficient quantity of narcotics to be weaned from opioids which makes a laxative not medically necessary. Amitiza 24mcg #30 with 1 refill is not medically necessary.