

Case Number:	CM15-0177847		
Date Assigned:	09/18/2015	Date of Injury:	06/23/2005
Decision Date:	10/29/2015	UR Denial Date:	08/13/2015
Priority:	Standard	Application Received:	09/09/2015

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: California, Texas, Florida

Certification(s)/Specialty: Anesthesiology, Pain Management, Hospice & Palliative 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 59 year old female, who sustained an industrial injury on 6-23-05. Medical record indicated the injured worker is undergoing treatment for chronic pain syndrome, left lumbar radiculopathy, unspecified myalgia and myositis, dysthymic disorder, anxiety-depression, long term use of other medications, enthesopathy of hip region, lumbosacral spondylosis without myelopathy and thoracic or lumbosacral neuritis or radiculitis. Treatment to date has included Methadone 5mg (duration of effect is 8 hours) and Baclofen 10mg; physical therapy (which she states was unsuccessful), lumbar surgery and activity modifications. Currently on 7-6-15 and 8-7-15, the injured worker complains of pain in left lower back described as stabbing and intermittent with radiation to left leg and rated 9 out of 10 without medications and 4-5 out of medications on with medications. Work status is: hasn't worked since 2009. Physical exam performed on 7-6-15 and 8-7-15 revealed restricted lumbar range of motion and tenderness to palpation over the left lumbar paraspinals. On 8-10-15 a request for authorization was submitted for Methadone 5mg #90 and Baclofen 10mg #30. On 8-13-15 utilization review non-certified Baclofen 10mg #30 noting guidelines state muscle relaxants are recommended with caution for short term use and chart notes describe chronic use of this medication and modified a request for Methadone #90 to #30 noting guidelines do not support long term opioid management on a chronic basis and there is no statement that the injured worker has an active work status.

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, Opioids, California Controlled Substance Utilization Review and Evaluation System (CURES) [DWC], Opioids, criteria for use, Opioids for chronic pain, Opioids for neuropathic pain, Opioids for osteoarthritis, Opioids, cancer pain vs. non-malignant pain, Opioids, dealing with misuse & addiction, Opioids, differentiation: dependence & addiction, Opioids, dosing, Opioids, indicators for addiction, Opioids, long-term assessment, Opioids, pain.

Decision rationale: Regarding the request for Methadone 5 mg #90, California Pain Medical Treatment Guidelines state that Methadone is an opiate pain medication. Chronic Pain Medical Treatment Guidelines also state methadone is recommended as a second-line drug for moderate to severe pain if the potential benefit outweighs the risk. Due to high abuse potential, close follow-up is recommended with documentation of analgesic effect, objective functional improvement, side effects, and discussion regarding any aberrant use. Guidelines go on to recommend discontinuing opioids if there is no documentation of improved function and pain. Within the documentation available for review, there is no indication that the medication is improving the patient's function (in terms of specific examples of objective functional improvement), and no discussion regarding aberrant use. Additionally, there is no documentation identifying that methadone is being prescribed as a second-line drug and the potential benefit outweighs the risk. As such, there is no clear indication for ongoing use of the medication. Opioids should not be abruptly discontinued, but Methadone 5mg #90 is not medically necessary.

Baclofen 10mg #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Muscle relaxants (for pain).

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

Decision rationale: Regarding the request for Baclofen, Chronic Pain Medical Treatment Guidelines support the use of non-sedating muscle relaxants to be used with caution as a 2nd line option for the short-term treatment of acute exacerbations of pain. Guidelines go on to state that Baclofen specifically is recommended orally for the treatment of spasticity and muscle spasm related to multiple sclerosis and spinal cord injuries. Within the documentation available for review, there is no identification of a specific analgesic benefit or objective functional improvement as a result of the Baclofen. Additionally, it does not appear that this medication is being prescribed for the short-term treatment of an acute exacerbation, as recommended by guidelines. In the absence of such documentation, the currently requested Baclofen is not medically necessary.