

Case Number:	CM15-0178169		
Date Assigned:	09/18/2015	Date of Injury:	09/18/2005
Decision Date:	11/10/2015	UR Denial Date:	08/17/2015
Priority:	Standard	Application Received:	09/10/2015

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: Emergency 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 73 year old male, who sustained an industrial injury on 09-18-2005. He has reported subsequent neck, shoulder and back pain and was diagnosed with degenerative disc disease of the lumbar spine, chronic myofascial spasm, thoracic outlet syndrome, C5-C6 radiculopathy, lumbar radiculopathy, lumbar facet arthropathy, neurogenic claudication and post- cervical laminectomy syndrome. Treatment to date has included oral pain medication, spinal cord stimulator placement and cervical fusion, which were noted to have failed to significantly relieve the pain. Oxycontin was prescribed since at least 02-12-2015. On 05-21-2015, the injured worker was given a week's supply of Methadone to evaluate the efficacy for treatment of left upper extremity pain. In a progress note dated 07-30-2015, the injured worker reported constant low back, neck and bilateral lower extremity pain. The physician noted that the injured worker had a severe exacerbation of neck pain radiating across the upper back for the past month and painful location of spinal cord stimulator implant in the left buttock with inability to walk without severe pain. Pain was rated as 10 out of 10 maximum and 5-7 out of 10 with medications. Objective examination findings showed decreased cervical rotation bilaterally, positive cervical facet loading test, tenderness to palpation of the cervical spine, positive Spurling's test on the left, myofascial spasms in the upper, mid and low back bilaterally, tenderness to palpation of the lumbar spine, sacroiliac joint quadratus lumborum, positive Lasegue's test, edema and coolness to touch with allodynia in the left upper extremity and decreased motor strength in the bilateral lower extremities. The physician noted that current medications were not effective at controlling pain. And that a neurosurgical evaluation was

recommended for surgical evaluation. A request for authorization of neurosurgeon referral, Oxycontin 20 mg #60, Methadone 10 mg #30 and Opana 10 mg #60 was submitted. As per the 08-17-2015 utilization review, the requests for neurosurgeon referral, Oxycontin 20 mg #60, Methadone 10 mg #30 and Opana 10 mg #60 were non-certified.

IMR ISSUES, DECISIONS AND RATIONALES

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

Neurosurgeon referral: Overturned

Claims Administrator guideline: Decision based on MTUS Low Back Complaints 2004.

MAXIMUS guideline: Decision based on MTUS Low Back Complaints 2004,
Section(s): Surgical Considerations.

Decision rationale: The request is for specialty consultation. The ACOEM guidelines state the following regarding referral for surgical consultation:- Severe and disabling lower leg symptoms in a distribution consistent with abnormalities on imaging studies (radiculopathy), preferably with accompanying objective signs of neural compromise- Activity limitations due to radiating leg pain for more than one month or extreme progression of lower leg symptoms- Clear clinical, imaging, and electrophysiologic evidence of a lesion that has been shown to benefit in both the short and long term from surgical repair- Failure of conservative treatment to resolve disabling radicular symptoms. Based on the records the patient does have ongoing symptoms and failure of resolution with conservative therapy. There is also documentation of failure of conservative treatment to resolve the patient's disabling pain with progression of his symptoms. As such, a neurosurgical consultation is medically necessary.

Oxycontin 20mg #60: 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): Opioids, criteria for use.

Decision rationale: The request is for the use of a medication in the opioid class. The MTUS guidelines state that for ongoing treatment with a pharmaceutical in this class, certain requirements are necessary. This includes not only adequate pain control, but also functional improvement. Four domains have been proposed for management of patients on opioids. This includes pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant drug-related behaviors. In this case, there is inadequate documentation of persistent functional improvement seen. As such, the request is not medically necessary. All opioid medications should be titrated down slowly in order to prevent a significant withdrawal syndrome.

Methadone 10mg #30: Upheld

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

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)/methadone.

Decision rationale: The request is for the use of the medication methadone. The official disability guidelines state the following regarding this topic: Recommended 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. 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). (ICSI, 2009) 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. Limited evidence suggests there may be a role for this drug for neuropathic pain, in part secondary to the N-methyl-D-aspartate (NMDA) receptor effect. While methadone is considered safe and effective when used as prescribed it has been suggested by government agencies such as the National Drug Intelligence Center that patients prescribed methadone should be monitored by a physician well trained in the pharmacodynamic and pharmacokinetic properties of the drug, particularly if the patient is opioid naive. In addition, the patient should be made aware of potential adverse effects including drug-drug interactions. If methadone is used, see Opioids, criteria for use for general recommendations. For ongoing management, the following are required: On-Going Management. Actions Should Include: (a) Prescriptions from a single practitioner taken as directed, and all prescriptions from a single pharmacy. (b) The lowest possible dose should be prescribed to improve pain and function. (c) Office: 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. Information from family members or other caregivers should be considered in determining the patient's response to treatment. The 4 A's for Ongoing Monitoring: Four domains have been proposed as most relevant for ongoing monitoring of chronic pain patients on opioids: pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant (or non-adherent) drug-related behaviors. These domains have been summarized as the "4 A's" (analgesia, activities of daily living, adverse side effects, and aberrant drug-taking behaviors). The monitoring of these outcomes over time should affect therapeutic decisions and provide a framework for documentation of the clinical use of these controlled drugs. (Passik, 2000) In this case, the use of this medication is not indicated. This is secondary to inadequate documentation of functional improvement seen or improved quality of life. As such, the request is not medically necessary. All opiate medications should be weaned slowly as per the guidelines.

Opana 10mg #60: 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): Opioids, criteria for use.

Decision rationale: The request is for the use of a medication in the opioid class. The MTUS guidelines state that for ongoing treatment with a pharmaceutical in this class, certain requirements are necessary. This includes not only adequate pain control, but also functional improvement. Four domains have been proposed for management of patients on opioids. This includes pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant drug-related behaviors. In this case, there is inadequate documentation of persistent functional improvement seen. As such, the request is not medically necessary. All opioid medications should be titrated down slowly in order to prevent a significant withdrawal syndrome.