MAXIMUS Federal Services

Case Number:	CM15-0068949		
Date Assigned:	04/16/2015	Date of Injury:	02/11/2011
Decision Date:	05/21/2015	UR Denial Date:	03/31/2015
Priority:	Standard	Application Received:	04/11/2015

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: Pennsylvania
Certification(s)/Specialty: Internal 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 62 year old male who sustained an industrial injury on 2/11/11. He reported initial complaints of right knee and back pain. The injured worker was diagnosed as having chronic pain syndrome, cervicalgia, lumbago, sciatica, multilevel degenerative disc disease lumbar spine, and osteoarthritis bilateral knees. Additional past medical history includes diabetes and seizures. Treatment to date has included acupuncture, trigger point injections, right knee arthroscopy, partial lateral menisectomy (11/4/11), physical therapy, transcutaneous electrical nerve stimulation (TENS) unit, anterior/posterior lumbar discectomies/fusion L4-L5 and L5-S1 (8/20/14), and medications. Diagnostic testing has included MRI right knee (6/2011), MRI lumbar spine (12/2013). Ten visits of physical therapy were noted from October to December 2014. Progress notes from late 2014 note use of opioid medication, with discontinuation of valium and dilaudid (which had been prescribed postoperatively) and weaning of methadone. Progress notes discuss a signed pain contract and urine drug screens. Progress notes from several physicians in late 2014-2015 note various and differing doses of methadone. A progress note from 9/2/14 notes that the injured worker has finished acupuncture with increased functionality, improved sleep, decreased pain, and decreased pain medications. Fiorinal was noted to be used as needed for headaches. Medications included methadone, ibuprofen, and ultram. Progress report of 10/21/14 noted that the injured worker takes fiorinal for headaches 2-3 times weekly and that this was prescribed by another physician. Visits in December 2014 note a recent fall with post-concussive symptoms. Roommate and medication issues with need for the injured worker's mother to secure his medications were noted. A urine

drug screen collected on 12/24/14, the date of an office visit, was inconsistent with prescribed medications, with positive findings for oxycodone, noroxycodone, oxymorphone, nordiazepam, temazepam, and oxazepam, which were not prescribed, and negative findings for codeine, a prescribed medication. Progress notes from an orthopedic consultant note use of valium, while the treating physician documented that valium had been discontinued. Progress note of 1/13/15 states that butalbital with aspirin was discontinued. Pain was rated at 8/10 in severity and was noted to be improved with rest, medications, and therapy. It was noted that the injured worker was able to do some light activities. Work status was noted as off work. On 1/21/14 another physician documented fiorinal with codeine as a current medication. At that visit, the physician noted the inconsistent results of the December urine toxicology test and noted that the injured worker was informed he will be placed on aberrancy protocol. Valium was noted to be prescribed by another physician. On 2/5/15, a neurology consultant documented that the injured worker had a prior use of methamphetamine and alcohol abuse. Progress note of 2/24/15 states that the spine surgeon gave the injured worker some extra dilaudid. Hydromorphone (dilaudid) was prescribed on 3/3/15. On 3/10/15, the treating physician notes that methadone dose had to be increased and that the injured worker was also currently using dilaudid. Progress note of 3/24/15 indicates the injured worker had another recent fall. Continued pain was noted. Examination showed tenderness at the left buttock increasing with hip internal rotation. It was noted that the injured worker was currently off work and retired. On 3/31/15, Utilization Review non-certified requests for Butalbital-ASA-Caffeine-Codeine 50-325-40-30mg #30 and and Acupuncture low back (6 sessions). UR modified requests for Hydromorphone 2mg #42 to #32 and Methadone HCL 10mg# 56 to #42.

IMR ISSUES, DECISIONS AND RATIONALES

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

Butalbital-ASA-Caff-Codeine 50-325-40-30mg Qty: 30.00: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines opioids Page(s): 74-96. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) pain chapter: barbiturate-containing analgesics.

Decision rationale: This injured worker was prescribed fiorinal with codeine for headaches for at least 6 months. Documentation notes use of this medication several times per week. One physician documented that this medication should be discontinued due to the aspirin component, while another treating physician notes that it was continued. Per the ODG, barbiturate-containing analgesics are not recommended for chronic pain. Barbiturate-containing analgesics have a high potential for drug dependence and no evidence exists to show a clinically important enhancement of analgesic efficacy of barbiturate containing analgesics due to the barbiturate constituents. This medication is commonly used for acute headache, with some data to support it, but there is a risk of medication overuse as well as rebound headache. The formulation requested contains codeine. The submitted documentation indicates prescription of controlled substances by several different

providers and inconsistent urine toxicology findings. Due to lack of recommendation by the guidelines, and lack of prescription of opioids in accordance with the guidelines, the request for Butalbital-ASA-Caff-Codeine 50-325-40-30mg Qty: 30.00 is not medically necessary.

Hydromorphone 2mg Qty: 42.00: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids for chronic pain Page(s): 80.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines opioids Page(s): 74-96.

Decision rationale: This injured worker has been prescribed multiple controlled substances, including hydromorphone, valium, codeine, and methadone. Documentation indicates that several different providers were prescribing controlled substances/opioids. Various providers documented different current doses of methadone, one of the prescribed opioids. Hydromorphone (dilaudid) was noted to be prescribed postoperatively after the lumbar spine surgery in August 2014 and subsequently discontinued. It was prescribed again in March 2013, without discussion of the reason for resuming this medication. Two recent falls were documented, without discussion by the physician of possible contribution of opioid medication. The injured worker was noted to have a prior history of methamphetamine and alcohol abuse. Urine drug screen in December 2014 was inconsistent with prescribed medication with finding of oxycodone and oxymorphone, which were not prescribed. The MTUS, which recommends prescribing according to function, with specific functional goals, return to work, random drug testing, and opioid contract. An opioid contract was noted, but there was no discussion of functional goals, and work status was noted as off work/retired. The injured worker has chronic back pain. Per the MTUS, opioids are minimally indicated, if at all, for chronic non-specific pain, osteoarthritis, mechanical and compressive etiologies, and chronic back pain. There is no evidence of significant pain relief or increased function from the opioids used to date. The records show that this injured worker is receiving opioids from more than one physician in the very recent past. The MTUS recommends that patients receive their medication from one physician and one pharmacy only. Results of urine drug testing reflects patient behavior not consistent with that which is expected for a continuation of chronic opioid therapy. As currently prescribed, hydromorphone does not meet the criteria for long term opioids as elaborated in the MTUS and is therefore not medically necessary.

Methadone HCL 10mg Qty: 56.00: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines methadone p. 61-62 opioids p. 74-96.

Decision rationale: The MTUS states that methadone is recommended as a second-line drug for moderate to severe pain if the potential benefit outweighs the risk. Delayed adverse effects due to

methadone accumulation during chronic administration and systemic toxicity may occur, including respiratory depression, QT prolongation and arrhythmia, and multiple potential drug interactions. This injured worker has been prescribed multiple controlled substances, including hydromorphone, valium, codeine, and methadone. Documentation indicates that several different providers were prescribing controlled substances/opioids. Various providers documented different current doses of methadone. Progress notes in September and October 2014 discuss weaning of methadone, however this medication was continued without appreciable decrease in prescribed dose or use. Two recent falls were documented, without discussion by the physician of possible contribution of opioid medication. The injured worker was noted to have a prior history of methamphetamine and alcohol abuse. Urine drug screen in December 2014 was inconsistent with prescribed medication with finding of oxycodone and oxymorphone, which were not prescribed. The MTUS, which recommends prescribing according to function, with specific functional goals, return to work, random drug testing, and opioid contract. An opioid contract was noted, but there was no discussion of functional goals, and work status was noted as off work/retired. The injured worker has chronic back pain. Per the MTUS, opioids are minimally indicated, if at all, for chronic non-specific pain, osteoarthritis, mechanical and compressive etiologies, and chronic back pain. There is no evidence of significant pain relief or increased function from the opioids used to date. The records show that this injured worker is receiving opioids from more than one physician in the very recent past. The MTUS recommends that patients receive their medication from one physician and one pharmacy only. Results of urine drug testing reflects patient behavior not consistent with that which is expected for a continuation of chronic opioid therapy. As currently prescribed, methadone does not meet the criteria for long term opioids as elaborated in the MTUS and is therefore not medically necessary.

Acupuncture low back (sessions) Qty: 6.00: Upheld

Claims Administrator guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: Per the MTUS, acupuncture is used as an option when pain medication is reduced or not tolerated; it may be used as an adjunct to physical rehabilitation and/or surgical intervention to hasten functional recovery. The MTUS recommends an initial trial of 3-6 visits of acupuncture. Frequency of treatment of 1-3 times per week with an optimum duration of 1-2 months is specified by the MTUS. Medical necessity for any further acupuncture is considered in light of functional improvement. Acupuncture treatments may be extended if functional improvement is documented. This injured worker was noted to have undergone a prior course of acupuncture; progress note from September 2014 states that injured worker has finished acupuncture with increased functionality, improved sleep, decreased pain, and decreased pain medications. The dates and number of sessions of prior acupuncture treatment were not submitted. Specific increase in function was not discussed. There was no documentation of improvement in activities of daily living, and work status was noted as off work/retired. Although the progress note states that pain medications were decreased, the specific medication changes were not noted, and subsequent documentation notes ongoing use of multiple pain

medications including opioids. The injured worker had undergone physical therapy from October to December 2014, but there was no documentation of current physical rehabilitation. Due to lack of demonstration of functional improvement as a result of the prior acupuncture treatment, the request for Acupuncture low back (sessions) Qty: 6.00 is not medically necessary.