

Case Number:	CM15-0069232		
Date Assigned:	04/16/2015	Date of Injury:	09/29/1997
Decision Date:	05/15/2015	UR Denial Date:	03/18/2015
Priority:	Standard	Application Received:	04/13/2015

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: Maryland

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Neuromuscular 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 61-year-old, male who sustained a work related injury on 9/29/97. The diagnoses have included lumbago-low back pain, cervicgia-cervical pain and myofascial pain syndrome/fibromyalgia. Treatment has included medications. In the PR-2 dated 3/4/15, the injured worker complains of chronic, constant neck and lower back pain. He rates the pain a 7/10 with medications. The treatment plan is prescription refills for medications.

IMR ISSUES, DECISIONS AND RATIONALES

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

Methadone 10mg Qty: 1.00: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Methadone; ongoing management; Opioids, dosing Page(s): 61-62, 78-80 and 86.

Decision rationale: Methadone 10mg Qty: 1.00 is not medically necessary per the MTUS Guidelines. The guidelines state that this is recommended as a second-line drug for moderate to

severe pain if the potential benefit outweighs the risk. 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). Vigilance is suggested in treatment initiation, conversion from another opioid to methadone, and when titrating the methadone dose. Systemic toxicity is more likely to occur in patients previously exposed to high doses of opioids. QT prolongation with resultant serious arrhythmia has also been noted. The documentation indicates on 12/2/14 that the patient was to begin weaning from #420 per month however; the documentation indicates that the patient was prescribed #480 per month at the February 4, 2015 office visit. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. The MTUS does not support ongoing opioid use without improvement in function or pain. Furthermore, the MTUS recommends that dosing not exceed 120 mg oral morphine equivalents per day, and for patients taking more than one opioid, the morphine equivalent doses of the different opioids must be added together to determine the cumulative dose. The documentation indicates that the patient is taking an excess of the morphine equivalent dose without significant evidence of functional improvement or improvement in pain. The request for continued Methadone use is not medically necessary.

Miralax 17 grams Qty: 1.00: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Initiating therapy Page(s): 77.

Decision rationale: Miralax 17 grams Qty: 1.00 is not medically necessary per the MTUS Chronic Pain Medical Treatment Guidelines. The MTUS states that prophylactic treatment of constipation should be initiated when initiating opioids. The documentation does not indicate that opioids are medically necessary therefore, Miralax is not medically necessary.

Norco 10/325mg Qty: 1.00: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Ongoing management Page(s): 78-80.

Decision rationale: Norco 10/325mg Qty: 1.00 is not medically necessary per the MTUS Guidelines. The MTUS states that satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. The MTUS does not support ongoing opioid use without improvement in function or pain. Furthermore, the MTUS recommends that dosing not exceed 120 mg oral morphine equivalents per day, and for patients taking more than one opioid, the morphine equivalent doses of the different opioids must be added together to determine the cumulative dose. The documentation indicates that the patient is taking an excess of the morphine equivalent dose without significant evidence of functional improvement or improvement in pain. The request for continued Norco use is not medically necessary.