

Case Number:	CM15-0070984		
Date Assigned:	04/21/2015	Date of Injury:	12/06/2000
Decision Date:	05/19/2015	UR Denial Date:	04/09/2015
Priority:	Standard	Application Received:	04/14/2015

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: North Carolina
 Certification(s)/Specialty: Family Practice

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 52 year old male injured worker suffered an industrial injury on 12/06/2000. The diagnoses included lumbar and cervical degenerative disc disease with radiculopathy. The injured worker had been treated with medications. On 3/5/2015, the treating provider reported the pain with medications was 5/10 and no medications was 8 to 9/10 and was enabling him to sleep better. The injured worker was going to the gym on his own. The injured worker is now in more pain as he is without medication due to denial. On exam the upper extremities show decreased sensation in the right arm and cervical spine. The nerve roots in the right part of the neck were very painful with weakness in the right elbow, right hand grip and right shoulder. The right shoulder is very painful. The worst pain is in the low back with positive straight leg raise with decreased sensations. The right hip, knee and ankle were weak. The facet joints and sacroiliac joints were very tender. The treatment plan included Methadone and Diagnostic injection of SI joint and facets after LESI.

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 Treatment Guidelines opioids.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines methadone Page(s): 61-62.

Decision rationale: The California chronic pain medical treatment guidelines section on methadone states: Methadone 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). Pain relief on the other hand only lasts from 4-8 hours. Methadone should only be prescribed by providers experienced in using it. (Clinical Pharmacology, 2008) Steps for prescribing methadone: (1) Basic rules- Weigh the risks and benefits before prescribing methadone.- Avoid prescribing 40 mg Methadone tablets for chronic non-malignant pain. This product is only FDA-approved for detoxification and maintenance of narcotic addiction.- Closely monitor patients who receive methadone, especially during treatment initiation and dose adjustments. (2) Know the information that is vital to give the patient: Don't be tempted to take more methadone than prescribed if you are not getting pain relief. This can lead to a dangerous build-up that can cause death. All changes in methadone dose should be made by your treating practitioner. Methadone can make your breath slow down, or actually stop. Methadone can slow down your heartbeat and you might not be able to detect this. If you feel like you are having an irregular heartbeat, dizziness, light-headedness or fainting, call your doctor or clinic immediately. (FDA, 2006) (3) Be familiar with the current SAMHSA health advisory on methadone. The medication has become more accessible to unauthorized users. It can accumulate in potentially harmful doses (especially during the first few days of treatment). There has been a rise in Methadone-associated mortality. (SAMHSA, 2004) (4) Be familiar with the FDA final policy statement on Methadone that explicitly discusses the topic, Can Methadone be used for pain control. No separate registration is required to prescribe methadone for treatment of pain. (DEA, 2006) (5) Read the new prescribing information for Methadone and the new patient information section. (Roxane, 2006) (6) Multiple potential drug-drug interactions can occur with the use of Methadone. A complete list of medications should be obtained prior to prescribing methadone to avoid adverse events, and the patient should be warned to inform any other treating physician that they are taking this medication prior to starting and/or discontinuing medications. This medication is indicated as a second-line agent in the treatment of chronic pain. The long-term use of opioid therapy is only indicated when measurable outcomes in pain control and function have been achieved. The included clinical documentation for review does not show failure of all first line pain agents. The provided documentation fails to show these measurable outcome improvements; therefore, the request has not met criteria as per the California MTUS guidelines and is not medically necessary.

Diagnostic injection of SI joint and facets after LESI: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, sacroiliac joint injections.

Decision rationale: The ACOEM and California MTUS do not specifically address the requested service. Per the ODG and sacroiliac joint injections: Criteria for Diagnostic SIJ Injection: Diagnostic SIJ injections are considered medically necessary when ALL of the following applicable medical criteria are met for diagnostic injections and the guidelines for the frequency and number of injections are met for the diagnostic phase a. The patient has experienced severe and disabling non-radicular low back pain with ALL of the following pain characteristics, as specified below in items (1), (2), and (3): 1. (1) Pain has occurred for at least three (3) months (i.e., chronic pain); AND 2. (2) Pain is at least intermittent or continuous and is causing functional disability; AND 3. (3) Average pain level rated as a 6 or more on a 10-point visual analog scale (VAS); AND The patient's low back pain is thought to be secondary to SIJ disturbance based on clinical history and physical exam, and the sacroiliac physical exam includes positive results from at least THREE (3) of the following clinical tests documented in the medical record, as specified below in items (1) through (7): 1.(1) Compression test; 2. (2) Fortin finger test; 3. (3) Gaenslen test; 4. (4) Gillet's test; 5. (5) Patrick test (or Faber maneuver); 6. (6) Piedallu seated flexion test; 7. (7) Van Durson standing flexion test; AND c. The patient's symptoms have been unresponsive to at least a three (3)-month course of documented, conservative measures, including at least ONE (1) of the following, as specified below in items (1) through (5): 1. (1) Activity modification; OR 2. (2) Correction of postural abnormalities; OR 3. (3) Pharmacotherapies (e.g., anti-inflammatories, analgesics, or muscle relaxants); OR 4. (4) Physical therapy (as specified below in item d); OR 5. (5) Documented inability to undergo or tolerate conservative treatment; AND 4. The patient's symptoms have failed to respond to six (6) weeks of physical therapy, and the six (6) weeks of physical therapy may be included as a component of the three (3) month course of required conservative treatment (as specified above in item c); AND 5. The SIJ injection is performed under fluoroscopic guidance; The provided clinical documentation for review does not meet these criteria and therefore the request is not medically necessary.