MAXIMUS Federal Services

Case Number:	CM15-0072190		
Date Assigned:	04/21/2015	Date of Injury:	04/15/1991
Decision Date:	05/27/2015	UR Denial Date:	03/13/2015
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: Texas, Florida
Certification(s)/Specialty: Anesthesiology, Pain Management

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 67 year old female, who sustained an industrial injury on April 15, 1991. The injured worker's initial complaints and diagnoses are not included in the provided documentation. The injured worker was diagnosed as having cervical postlaminectomy syndrome and lumbar postlaminectomy syndrome. Diagnostics to date has included urine drug screening. Treatment to date has included physical therapy, home exercise program, and medications including two opioids and muscle relaxant. On March 5, 2015, the treating physician noted chronic neck, left hip and low back pain, which is unchanged. Her pain is rated 4-5/10. Her pain rating is 8/10 at the end of a day with a lot of activity. She takes 0-1 of one of her opioid medications in the morning and she takes up to 4 per day of the other opioid medication. The physical exam was unremarkable. The treatment plan includes continuing her opioid medications. The medications listed are methadone, hydrocodone, Soma, Naprosyn and Prozac. The UDS reports was noted to be consisted. The IW indicated desire to be weaned off methadone because of prolonged QT concerns.

IMR ISSUES, DECISIONS AND RATIONALES

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

Methadone 10mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, long-term assessment; Opioids for chronic pain; Opioids, dosing.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 61-62. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain ChapterOpioids.

Decision rationale: The CA MTUS and the ODG guidelines recommend that opioids can be utilized for the short treatment of exacerbation of musculoskeletal pain when standard treatment with NSAIDs and PT have failed. The chronic use of opioids can be associated with the development of tolerance, dependency, addiction, sedation, opioid induced hyperalgesia and adverse interaction with other sedatives. The guidelines recommend that the use of methadone be restricted as a last opioid option in patients with significant history of addiction and tolerance to other opioids because of the high incidence of severe adverse effects including cardiac complications associated with methadone use especially in the elderly. There is no documentation of guidelines required serial EKG monitoring for QT changes. The records did not show that the patient had a significant history of opioid addiction or tolerance. There was documentation that the patient was utilizing methadone sparingly and had previously requested to be weaned from methadone medication. The criteria for the use of methadone 10mg #60 was not met. Therefore the request is not medically necessary.

Hydrocodone-Acetaminophen 10/325mg #120 (do not fill until 4/2/2015): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, dosing; Opioids, long-term assessment; Weaning of Medications. Decision based on Non-MTUS Citation ACOEM Guidelines, (Opioids Guideline) (2014,page 87).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.24.2 Page(s): 42-43, 74-96, 124. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain ChapterOpioids.

Decision rationale: The CA MTUS an dthe ODG guidelines recommend that opioids can be utilized for the short treatment of exacerbation of musculoskeletal pain when standard treatment with NSAIDs and PT have failed. The chronic use of opioids can be associated with the development of tolerance, dependency, addiction, sedation, opioid induced hyperalgesia and adverse interaction with other sedatives. The guidelines recommend that the chronic use of opioids be restricted as a last opioid option in patients with significant history of severe chronic musculoskeletal pain who had not responded to optimum treatments with NSAIDs, non opioid co-analgesic, anticonvulsants and antidepressant analgesic medications. The records did not show that the patient failed treatment with combination of non opioid analgesic medications. The guidelines recommend that patients on high dose opioid medications be referred to Pain Program or Addiction center for safe weaning of opioids. The criteria for the use of hydrocodone/APAP 10/325mg #120 DOS 4/2/2015 was not met. Therefore the request is not medically necessary.