

Case Number:	CM15-0079138		
Date Assigned:	04/30/2015	Date of Injury:	12/03/1996
Decision Date:	06/30/2015	UR Denial Date:	04/10/2015
Priority:	Standard	Application Received:	04/24/2015

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 51-year-old female, who sustained an industrial injury on December 3, 1996, incurred back injuries after a fall from a truck. She was diagnosed with cervical and lumbar degenerative disc disease and carpal tunnel syndrome. There are associated diagnoses of depression, anxiety and panic disorder. Treatment included pain management, neuropathic medications, antidepressants and psychological treatments. The IW was not able to attend Pain Clinic for specialist care due to transportation issues. There are ER visits and multiple treatments for psychiatric decompensation. Currently, the injured worker complained of persistent daily headaches, pain, numbness and tingling in both hands and fingers; muscle spasms across the neck and shoulders, lower back pain and knee pain. The treatment plan that was requested for authorization included prescriptions for Methadone, Norco, Colace and Senokot. The other medications listed are Cymbalta, Zanaflex, Wellbutrin, Ambien, Clonazepam and Neurontin. It was noted that previous attempts at opioid weaning had resulted in significant withdrawal symptoms.

IMR ISSUES, DECISIONS AND RATIONALES

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

Methadone 10 mg Qty 90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Methadone Page(s): 61-62.

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 Chapter Opioids.

Decision rationale: The CA MTUS and the ODG guidelines recommend that opioids can be utilized for the treatment of exacerbation of musculoskeletal pain when standard treatments with NSAIDs, non-opioid co-analgesic medications and PT have failed. The chronic use of opioid can be associated with the development of tolerance, dependency, addiction, sedation and adverse interaction with other sedatives. The guidelines recommend that methadone be reserve for patients with a history of addiction or past detoxification treatment. The records indicate that the patient have been on chronic high dose opioids for many years. There is lack of functional restoration associated with the use of opioids. The records indicate significant psychiatric disorders and decomposition despite treatment with high dose opioids and multiple psychiatric medications. The records indicate that the patient was not compliant with referral to Pain Management Program due to transportation issues. There is indication that previous attempts at outpatient weaning was unsuccessful. The guidelines recommend that patients on high dose opioids with significant psychiatric disorders be referred to Pain Programs or Addiction Centers for safe weaning and multidisciplinary / psychiatric treatments. The criteria for the utilization of methadone 10mg #90 were not met. Therefore, the request is not medically necessary.

Norco 10/325mg Qty 180: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment Page(s): 47-48, Chronic Pain Treatment Guidelines Opioids Page(s): 74-95, 124. Decision based on Non-MTUS Citation Official Disability Guidelines: Pain chapter - Opioids for chronic pain.

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 Chapter Opioids.

Decision rationale: The CA MTUS and the ODG guidelines recommend that opioids can be utilized for the treatment of exacerbation of musculoskeletal pain when standard treatments with NSAIDs, non-opioid co-analgesic medications and PT have failed. The chronic use of opioid can be associated with the development of tolerance, dependency, addiction, sedation and adverse interaction with other sedatives. The records indicate that the patient have been on chronic high dose opioids for many years. There is lack of functional restoration associated with the use of opioids. The records indicate significant psychiatric disorders and decompensation despite treatment with high dose opioids and multiple psychiatric medications. The records indicate that the patient was not compliant with referral to Pain Management Program due to transportation issues. There is indication that previous attempts at outpatient weaning was unsuccessful. The guidelines recommend that patients on high dose opioids with significant psychiatric disorders be referred to Pain Programs or Addiction Centers for safe weaning and multidisciplinary /

psychiatric treatments. The criteria for the use of Norco 10/325mg # 180 were not met. Therefore, the request is not medically necessary.

Colace 250 mg Qty 60: 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 - Opioid induced constipation treatment.

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 Chapter Opioids.

Decision rationale: The CA MTUS and the ODG guidelines recommend that prophylaxis and treatment against constipation be implemented and continued during chronic high dose opioid treatment. The chronic use of high dose opioids can be associated with the development of constipation and gastrointestinal dysfunction. The records indicate that the patient is utilizing high dose opioids and multiple medications for the prevention and treatment of constipation. There is no documentation of failure of non-medication prophylactic measures such as increase in fluid and fiber intake and reduction of opioid medication dosage. The utilization of the high dose opioids was not certified therefore the criteria for the utilization of Colace 250mg #60 is not medically necessary.

Senokot Qty 60: 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 9792.24.2 Page(s): 42-43, 74-96, 124. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter Opioids.

Decision rationale: The CA MTUS and the ODG guidelines recommend that prophylaxis and treatment against constipation be implemented and continued during chronic high dose opioid treatment. The chronic use of high dose opioids can be associated with the development of constipation and gastrointestinal dysfunction. The records indicate that the patient is utilizing high dose opioids and multiple medications for the prevention and treatment of constipation. There is no documentation of failure of non-medication prophylactic measures such as increase in fluid and fiber intake and reduction of opioid medication dosage. The utilization of the high dose opioids was not certified therefore the criteria for the utilization of Senokot #60 was not met. Therefore, the request is not medically necessary.