

| | | | |
|-----------------------|--------------|------------------------------|------------|
| Case Number: | CM15-0094933 | | |
| Date Assigned: | 05/21/2015 | Date of Injury: | 07/18/2005 |
| Decision Date: | 07/07/2015 | UR Denial Date: | 05/04/2015 |
| Priority: | Standard | Application Received: | 05/15/2015 |

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: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This 50 year old female sustained an industrial injury to the left hip on 7/16/05. The injured worker sustained a head injury in 1992 with residual symptoms including vertigo, dizziness, vomiting and fainting. Previous treatment included magnetic resonance imaging, physical therapy, injections, epidural steroid injections and medications. Magnetic resonance imaging cervical spine (3/20/15) showed disc protrusion with foramen stenosis at C3-4 and uncovertebral joint hypertrophy at C2-3, C4-5, C5-6 and C6-7. In a PR-2 dated 1/22/15, the injured worker continued with ongoing bleeding, anemia and severe headaches. The treatment plan included continuing medications (Methadone, Fioricet, Morphine and Xanax). In a PR-2 dated 3/19/15, the injured worker reported that she had been hospitalized for 5 days for a migraine and uncontrolled vomiting. The injured worker stated that she had protruding vessels in the temple that were pulsing. The injured worker developed jaw pain and chest pain. The injured worker had an abnormal electrocardiogram. In a PR-2 dated 4/23/15, the injured worker complained of ongoing neck pain and migraines related to different parts of the cycle with prominent temple arteries during headache. The injured worker reported another episode of vomiting during the cycle and shoulder pain with cold weather. The physician noted that the injured worker was alert and conversant and ambulating normally with unchanged posture. Current diagnoses included chronic migraines, depression and dizziness. The treatment plan included continuing medications (Methadone, Fioricet, Mysoline, Stadol and Camictol).

IMR ISSUES, DECISIONS AND RATIONALES

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

Methadone 10 mg #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for use of Opioids Page(s): 76-78, 88-89.

Decision rationale: This patient presents with chronic neck pain and migraines. She also has a flare-up in shoulder pain due to colder weather. The current request is for Methadone 10mg #60. The Request for Authorization is dated 04/23/15. Previous treatment included magnetic resonance imaging, physical therapy, injections, epidural steroid injections and medications. The patient is currently not working. For chronic opiate use, the MTUS guidelines pages 88 and 89 states, "Pain should be assessed at each visit and function should be measured at 6-month intervals using a numerical scale or validated instrument". The MTUS page 78 also requires documentation of the 4 A's, which includes analgesia, ADLs, adverse side effects, and aberrant behavior. MTUS also requires pain assessment or outcome measures that include current pain, average pain, least pain; intensity of pain after taking the opioid, time it takes for medication to work, and duration of pain relief. Progress reports 08/28/14 through 04/23/15 were reviewed. According to the medical reports, the patient was seen at a hospital for migraines and vomiting on 03/06/15. Progress report 03/19/15 stated "to continue Stadol and Methadone". On 4/23/15, the patient complained of ongoing neck pain and migraines. The medical file includes no further discussion regarding the medication Methadone. The patient has been prescribed Methadone since at least 01/22/15. The treating physician has not provided any specific functional improvement, changes in ADL's or change in work status to document significant functional improvement to warrant the ongoing use of this medication. There are no before and after pain scales provided to denote a decrease in pain and no discussion regarding aberrant behaviors or adverse side effects as required by MTUS for opiate management. This request is not medically necessary and recommendation is for slow weaning per MTUS.

Stadol 1 vial 2 refills: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for use of Opioidsbutorphanol (Stadol) Page(s): 75, 76-78, 88-89.

Decision rationale: This patient presents with chronic neck pain and migraines. She also has a flare-up in shoulder pain due to colder weather. The current request is for Stadol 1 Vial 2 Refills. The Request for Authorization is dated 04/23/15. Previous treatment included magnetic resonance imaging, physical therapy, injections, epidural steroid injections and medications. The patient is currently not working. MTUS page 75 has the following: "Mixed agonists-antagonists: another type of opiate analgesics that may be used to treat pain. They include such drugs as

butorphanol (Stadol), dezocine (Dalgan), nalbuphine (Nubain) and pentazocine (Talwin). (Baumann, 2002) Mixed agonists-antagonists have limited use among chronic pain patients because of their ceiling effect for analgesia that results in the analgesic effect not increasing with dose escalation". For chronic opiate use, the MTUS guidelines pages 88 and 89 states, "Pain should be assessed at each visit and function should be measured at 6-month intervals using a numerical scale or validated instrument". The MTUS page 78 also requires documentation of the 4 A's, which includes analgesia, ADLs, adverse side effects, and aberrant behavior. MTUS also requires pain assessment or outcome measures that include current pain, average pain, least pain; intensity of pain after taking the opioid, time it takes for medication to work, and duration of pain relief. It is unclear when the patient was first prescribed this medication, but it is clear it was prior to 04/23/15 as the treater recommended the patient to "continue" Stadol. In this case, the medical records do not provide any discussion regarding medication efficacy and the four A's are not addressed as required by MTUS for opiate management. Therefore, the requested medication is not medically necessary.

Fioricet 50 mg #180 1 refill: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official disability guidelines Pain (Chronic), Barbiturate-containing analgesic agents (BCAs).

Decision rationale: This patient presents with chronic neck pain and migraines. She also has a flare-up in shoulder pain due to colder weather. The current request is for Fioricet 50mg #180 1 Refill. The Request for Authorization is dated 04/23/15. Previous treatment included magnetic resonance imaging, physical therapy, injections, epidural steroid injections and medications. The patient is currently not working. ODG Guidelines, Pain (Chronic) regarding Barbiturate-containing analgesic agents (BCAs), states that Fioricet is "Not recommended for chronic pain. The potential for drug dependence is high and no evidence exists to show a clinically important enhancement of analgesic efficacy of BCAs due to the barbiturate constituents. (McLean, 2000) Fioricet 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. (Friedman, 1987) The AGS updated Beers criteria for inappropriate medication use includes barbiturates". The patient has been prescribed Fioricet since at least 01/22/15. According to the medical reports, the patient was seen at a hospital for migraines and vomiting on 03/06/15. Progress report 03/19/15 stated "has taken Fioricet" told that they want her to come off Fioricet". On 4/23/15, the patient complained of ongoing neck pain and migraines. The Request for Authorization is dated 04/23/15 which requested refill of medications. There is no discussion regarding why this medication is prescribed and with what efficacy. It appears to be for the patient's headaches. Regarding Fioricet, ODG guidelines do not recommend Barbiturate-containing analgesics for chronic pain. This patient suffers from chronic migraines and ODG guidelines support its use for acute headaches only due to its high risk for dependency. Therefore, this request is not medically necessary.

Mysoline 50 mg #60 1 refill: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines antiepileptic drugs medications for chronic pain Page(s): 16-17, 60.

Decision rationale: This patient presents with chronic neck pain and migraines. She also has a flare-up in shoulder pain due to colder weather. The current request is for Mysoline 50mg #60 1 Refill. The Request for Authorization is dated 04/23/15. Previous treatment included magnetic resonance imaging, physical therapy, injections, epidural steroid injections and medications. The patient is currently not working. Mysoline belongs to the drug class anticonvulsants. MTUS Guidelines page 16 and 17 regarding antiepileptic drugs for chronic pain states "that there is a lack of expert consensus on the treatment of neuropathic pain in general due to heterogeneous etiologies, symptoms, physical signs and mechanisms. Most randomized controlled trials (RCTs) for the use of this class of medication for neuropathic pain have been directed at postherpetic neuralgia and painful polyneuropathy (with diabetic polyneuropathy being the most common example). There are few RCTs directed at central pain and none for painful radiculopathy. (Attal, 2006)" The treating physician provides no discussion regarding why this medication is prescribed or with what efficacy. The patient was prescribed this medication on 01/22/15 and a refill was requested on 04/23/15. The medical file provided no further discussion regarding Mysoline. The patient complained of some radicular symptoms in her upper extremities and the use of this medication may be indicated. However, MTUS Guidelines page 60 requires documentation of medication efficacy in terms of pain reduction and functional gains when used for chronic pain. Given there is no documentation of pain and functional improvement with the use of this medication, the requested Mysoline is not medically necessary.