

Case Number:	CM15-0096195		
Date Assigned:	05/26/2015	Date of Injury:	11/24/1999
Decision Date:	06/30/2015	UR Denial Date:	05/01/2015
Priority:	Standard	Application Received:	05/19/2015

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, Massachusetts

Certification(s)/Specialty: Preventive Medicine, Occupational 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 65-year-old male, who sustained an industrial injury on 11/29/1999. The mechanism of injury was not noted. The injured worker was diagnosed as having failed back syndrome, lumbar, chronic pain syndrome, lumbar degenerative disc disease, lumbar intervertebral disc disorder with myelopathy and lumbosacral radiculopathy. Treatment to date has included diagnostics, lumbar fusion at the L4-5 level, intrathecal pump implantation, and medications. Currently (4/14/2015), the injured worker complains of progressively worsening pain in the low back, despite home exercise and increased dosage of pump medications, as well as oral agents. He was awaiting authorization for medial branch blocks. He had marked tenderness over the L2-4 facet joints and decreased range of motion. The documentation noted a signed opioid agreement, with consistent urine toxicology and CURES report. He was able to perform activities of daily living with medication use and reported a 30% improvement in pain, with medication use. His pain was rated 6/10, 5/10 on average, and 7/10 at worst. Medication use included Buspirone, Omeprazole, Prochlorperazine, Phenergan, Neurontin, Mobic, Theramine, Cymbalta, Lunesta, Zanaflex, Gabapentin, Cymbalta, Methadone, and Norco. His work status was permanent and stationary. The treatment plan included Methadone 10mg tablets (17-day supply-34 tablets) and Norco 10/325mg (17-day supply-85 tablets). The use of Methadone and Norco was noted since at least 11/2014, without significant changes in pain levels. According to 5/18/15 clinic note by the pain provider, the IW has noted improved activities of daily living including household work with pain medications, a 50-60% reduction in pain level and increased in functional capacity with medications. His drug screen has been

consistent and an opioid agreement is signed. The provider is continuing to attempt to wean the IW.

IMR ISSUES, DECISIONS AND RATIONALES

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

Methadone 10mg tab #34 (17 day fill): Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Criteria for use; page(s) 76-96.

Decision rationale: CA MTUS guidelines require that criteria for continued long-term use of opioids require ongoing review and documentation of pain relief, functional status improvement, appropriate use, screening of side effects and risk for abuse, diversion and dependence. From my review of the provided medical records, the patient is experiencing quantifiable improvement with ongoing use of long-acting opioids such as the prescribed medication. VAS score have improved with noted improvement in objective physical exam findings and functional capacity. There has been no escalation, UDS have been appropriate; there are no reported side effects, and no reported concerns of abuse. Additionally the injured worker reports improvement of ADLs with current opioid prescription. Therefore, it does appear that there is a clinical indication for oral opioid medications in addition to the infusion of opioids via the intrathecal pump. However, the CA MTUS guidelines also stated that "There is also no evidence that opioids showed long-term benefit or improvement in function when used as treatment for chronic back pain. (Martell-Annals, 2007) Current studies suggest that the "upper limit of normal" for opioids prior to evaluation with a pain specialist for the need for possible continuation of treatment, escalation of dose, or possible weaning, is in a range from 120-180 mg morphine equivalents a day. (Ballantyne, 2006) (AMDG, 2007)" The current prescription of 20mg of methadone plus 50mg of hydrocodone daily equates to approximately 170 morphine equivalents daily on top of the basal dosage of opioids provided by the intrathecal pump. The total dose therefore is well above the suggested "upper limit of normal" and could present a safety concern including poly-pharmacy, over-dose and adverse drug reactions. Additionally, the fact that the IW was having gradually worsening pain after using intrathecal pump indicates that he may be experiencing opioid tolerance. According to MTUS, "Use of adjuvant pain medications is recommended when there is evidence of either tolerance". Consequently, I believe the current prescribed dose of long-acting opioids (methadone) in an addition to intrathecal pump opioid infusion is not medically necessary at this time given the high total dosage and evidence of tolerance. Adjuvant non-opioid therapies should be initiated in lieu of increasing opioid dosage.

Norco 10/325mg #85 (17 day fill): Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Criteria for use, page(s) 76-96.

Decision rationale: The CA MTUS guidelines also stated that "There is also no evidence that opioids showed long-term benefit or improvement in function when used as treatment for chronic back pain. (Martell-Annals, 2007) Current studies suggest that the "upper limit of normal" for opioids prior to evaluation with a pain specialist for the need for possible continuation of treatment, escalation of dose, or possible weaning, is in a range from 120-180 mg morphine equivalents a day. (Ballantyne, 2006) (AMDG, 2007)" The current prescription of 20mg of methadone plus 50mg of hydrocodone daily equates to approximately 170 morphine equivalents daily on top of the basal dosage of opioids provided by the intrathecal pump. The total dose therefore is well above the suggested "upper limit of normal" and could present a safety concern including poly-pharmacy, over-dose and adverse drug reactions. Additionally, the fact that the IW was having gradually worsening pain after using intrathecal pump indicates that he may be experiencing opioid tolerance. According to MTUS, "Use of adjuvant pain medications is recommended when there is evidence of either tolerance". Consequently, I believe the current prescribed dose of short-acting opioids (Norco) in an addition to intrathecal pump opioid infusion and methadone is not medically necessary at this time given the high total dosage and evidence of tolerance. Adjuvant non-opioid therapies should be initiated in lieu of increasing opioid dosage.