

Case Number:	CM13-0011151		
Date Assigned:	06/09/2014	Date of Injury:	06/20/1996
Decision Date:	07/30/2014	UR Denial Date:	07/17/2013
Priority:	Standard	Application Received:	08/14/2013

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. The expert reviewer is Board Certified in Neurology, has a subspecialty in Neuromuscular Medicine, and is licensed to practice in New Jersey. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 patient is a 55 year old woman who sustained a work related injury on June 20, 1996. Subsequently she developed a chronic left hip pain. The patient underwent left hip revision on July 9, 2013. Previously the patient underwent total right hip replacement in 2003 and left hip replacement in 2004. According to a note dated on March 28, 2014, the patient was complaining to of the chronic lower back pain and bilateral hip pain as well as bilateral knee pain, neck pain, headaches, and wrist pain bilaterally as well as shoulder pain. Her urine drug screen performed on December 23, 2013 was positive for methadone, hydrocodone and hydromorphone. Her physical examination showed the cervical and lumbar tenderness with limited range of motion, positive compression sign the cervical spine, pain over the facet joints bilaterally. Her muscle strength was reduced upper extremities. Her gait was antalgic. Her lumbar flexion was painful. Hip flexion was reduced bilaterally. The patient was treated for several years with methadone and Lorcet and was able to do so with her activity of daily living. The provider requested authorization to continue using methadone and Lorcet.

IMR ISSUES, DECISIONS AND RATIONALES

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

Dolophine 10 mg #90: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 61, 76-79.

Decision rationale: According to MTUS guidelines, Methadone is 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. In addition and according to MTUS guidelines, ongoing use of opioids should follow specific rules: (a) Prescriptions from a single practitioner taken as directed, and all prescriptions from a single pharmacy; (b) The lowest possible dose should be prescribed to improve pain and function; (c) Ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects should occur. Pain assessment should include current pain, the least reported pain over the period since last assessment, average pain, intensity of pain after taking the opioid, how long it takes for pain relief, and how long pain relief lasts. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. Four domains have been proposed as most relevant for ongoing monitoring of chronic pain patients on opioids: pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant (or non adherent) drug-related behaviors. These domains have been summarized as the 4 A's (analgesia, activities of daily living, adverse side effects, and aberrant drug taking behaviors). The monitoring of these outcomes over time should affect therapeutic decisions. According to the patient's file, she continued to have severe pain despite the use of high doses of opioids, including methadone. There is no objective documentation of pain and functional improvement to justify continuous use of high narcotics dose in this patient. Therefore, request is not medically necessary.

Lorcet 10/650 mg #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 76-79.

Decision rationale: According to the MTUS guidelines, Lorcet (Hydrocodone/Acetaminophen) is a synthetic short acting opioid indicated for the pain management but not recommended as a first line oral analgesic. In addition and according to MTUS guidelines, ongoing use of opioids should follow specific rules: (a) Prescriptions from a single practitioner taken as directed, and all prescriptions from a single pharmacy; (b) The lowest possible dose should be prescribed to improve pain and function; (c) Ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects should occur. Pain assessment should include current pain, the least reported pain over the period since last assessment, average pain, intensity of pain after taking the opioid, how long it takes for pain relief, and how long pain relief lasts. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. Four domains have been proposed as most relevant for ongoing monitoring of chronic pain patients on opioids: pain relief, side effects, physical and

psychosocial functioning, and the occurrence of any potentially aberrant (or non adherent) drug-related behaviors. These domains have been summarized as the 4 A's (analgesia, activities of daily living, adverse side effects, and aberrant drug taking behaviors). The monitoring of these outcomes over time should affect therapeutic decisions. According to the patient's file, she continued to have severe pain despite the use of high doses of opioids. There is no objective documentation of pain and functional improvement to justify continuous use of high narcotics dose in this patient. There is no report of significant functional improvement despite the use of Lorcet for long period of time. Therefore, the prescription is not medically necessary.