

<b>Case Number:</b>	CM13-0019686		
<b>Date Assigned:</b>	12/11/2013	<b>Date of Injury:</b>	05/10/2003
<b>Decision Date:</b>	02/04/2014	<b>UR Denial Date:</b>	08/29/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/03/2013

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Anesthesiology and Pain Medicine and is licensed to practice in Florida. 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 physician 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 36-year-old male who reported an injury. The mechanism of injury was a fall. The patient's initial course of treatment is unclear; however, it is known that he has received lumbar medial branch nerve blocks and radiofrequency rhizotomies to the left L5, L4, and L3 levels; as well as failed therapy, and a home exercise program due to pain, but a successful medication regimen. The patient's current medications include Tylenol ES 500 mg, 1 to 2 tablets by mouth every 8 hours; Ambien CR 12.5 mg, 1 tab by mouth at bedtime as needed for insomnia; Alprazolam 0.5 mg, 1 tab by mouth every 12 hours; methadone 10 mg, 1 tab every 4 to 6 hours; Gralise 600 mg per 24 hour tablet, 2 to 3 tabs once a day; Norco 10/325 mg, 1 every 6 to 8 hours as needed for breakthrough pain; and Pantoprazole 20 mg enteric coated 1 tab daily.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Methadone #10:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-95.

**Decision rationale:** The California MTUS/ACOEM Guidelines have provided recommendations for the management of long-term opioid use. Guidelines state that pain should be assessed at each clinical visit and should include the patient's current pain level; the least reported pain over the period since last assessment, average pain level; intensity of pain after taking the opioid; how long it takes for pain relief; and how long the pain relief lasts. There should also be monitoring of medication compliance by frequent urine drug screens and functional ability measurements should be obtained at 6 month intervals using a numerical scale or validated instrument. Although the medical records submitted for review report the patient's current pain levels, there is no further detailed discussion regarding the pain medication's impact on the patient's average pain levels, intensity, duration, and functional abilities. There is a recent urine drug screen; however, there have been no functional measures performed using a numeric scale or validated instrument. As such, the medication efficacy cannot be determined. The request for methadone #10 is not medically necessary or appropriate at this time.

**Lortab #100 (3 refills):** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-95.

**Decision rationale:** The California MTUS/ACOEM Guidelines have provided recommendations for the management of long-term opioid use. Guidelines state that pain should be assessed at each clinical visit and should include the patient's current pain level; the least reported pain over the period since last assessment, average pain level; intensity of pain after taking the opioid; how long it takes for pain relief; and how long the pain relief lasts. There should also be monitoring of medication compliance by frequent urine drug screens and functional ability should be measured at 6 month intervals using a numerical scale or validated instrument. Although the medical records submitted for review report the patient's current pain levels, there is no further detailed discussion on pain medication's impact on the average pain levels, intensity, duration, and functional abilities. There is a recent urine drug screen; however, there have been no functional measures performed using a numeric scale or validated instrument. As such, the medication efficacy cannot be determined. The request for Lortab #100 (3 refills) is not medically necessary or appropriate at this time.