

<b>Case Number:</b>	CM13-0046668		
<b>Date Assigned:</b>	12/27/2013	<b>Date of Injury:</b>	12/14/1990
<b>Decision Date:</b>	02/28/2014	<b>UR Denial Date:</b>	10/18/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/01/2013

### 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 Pain Management has a subspecialty in Disability Evaluation, and is licensed to practice in California, Maryland, Florida, and District of Columbia. 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 limited medical records provided for review indicated that the claimant is a female who was injured on Dec 14 1990 & diagnosed with Lumbosacral Degenerative Disease, has been suffering from chronic low back and left lower extremity pain. Her chief complaint was flare of the right lower extremity pain from butt to right calf, sharp pain to the left anterior thigh and numbness for many years. Urine Drug Testing evident for prescriptions drugs including Percocet and Methadone. Requesting for Methadone 10mg #120 and Percocet 10/325mg # 120. According the previous UR reviewers, the patient has been taking narcotic medications including oxycontin and Norco as early as 01/13; however, from the physician pharmaceutical review provided this patient has been taking narcotic medications for several years. It appears that the patient was switched to methadone 5mg every six hours with Norco which was not providing appropriate pain relief as of 05/01/13. Methadone was increased to 10mg every six hours and Percocet 10/25 1 0/325mg eight per day. There appeared to have been recommendations for functional restoration program and possibly intrathecal pump trial. The clinical record from 09/25/13 indicated the patient had severe low back and left lower extremity pain. The patient found her current level of analgesia unsatisfactory. Recent urine drug screens were reported as compliant. The patient reported significant changes due to interruption of her previous opioid medication therapy. The patient was recommended to continue with methadone 10mg every six hours and Percocet 10/325mg one to two every four hours.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Percocet 10/325mg #240:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 76-77.

**Decision rationale:** With respect to the prescription of Percocet 10/325mg 240 it appears as if the patient is being recommended to take narcotic medications well in excess of the 120mg MED maximum recommended by guidelines, there is no established efficacy of narcotic medications for this patient. The patient has been taking narcotic medications for several years without any apparent functional improvement. There have been no recent opioid risk tool assessments for this patient. Given the absence of any significant functional improvement with the ongoing use of opioids, it is not medically necessary and appropriate to continue prescribing this medication.

**Methadone 10mg #120:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 61-62. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Section, Chronic, Methadone.

**Decision rationale:** With respect to the use of Methadone, it is recommended as a second-line drug for moderate to severe pain if the potential benefit outweighs the risk according to CA-MTUS guidelines. It appears the patient has been taking narcotic medications including oxycontin and Norco as early as 01/13; however, from the physician pharmaceutical review provided this patient has been taking narcotic medications for several years. It appears that the patient was switched to methadone 5mg every six hours with Norco which was not providing appropriate pain relief as of 05/01/13. Methadone was increased to 10mg every six hours and Percocet 10/25 10/325mg eight per day. There appeared to have been recommendations for functional restoration program and possibly intrathecal pump trial. The clinical record from 09/25/13 indicated the patient had severe low back and left lower extremity pain. The patient found her current level of analgesia unsatisfactory. Recent urine drug screens were reported as compliant. The patient reported significant changes due to interruption of her previous opioid medication therapy. The patient was recommended to continue with methadone 10mg every six hours and Percocet 10/325mg one to two every four hours. Also, the patient is being recommended to take narcotic medications well in excess of the 120mg MED maximum recommended by guidelines. The ODG guidelines stated: "Multiple potential drug-drug interactions can occur with the use of Methadone. A complete list of medications should be obtained prior to prescribing methadone to avoid adverse events, and the patient should be warned to inform any other treating physician that they are taking this medication prior to starting and/or discontinuing medications." There is no established efficacy of narcotic

medications for this patient. The patient has been taking narcotic medications for several years without any apparent functional improvement. Consideration of a consultation with a multidisciplinary pain clinic if doses of opioids are required beyond what is usually required for the condition or pain does not improve on opioids in 3 months; a psych consult if there is evidence of depression, anxiety or irritability and an addiction medicine consult if there is evidence of substance misuse is recommended by the guideline. Therefore the continued use of methadone is not medically necessary in view of the above guideline recommendation.