MAXIMUS Federal Services

Case Number:	CM14-0000160		
Date Assigned:	01/10/2014	Date of Injury:	04/11/2007
Decision Date:	07/02/2014	UR Denial Date:	12/20/2013
Priority:	Standard	Application Received:	12/31/2013

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 Internal Medicine and is licensed to practice in California. 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 43 year old female who was injured on 04/11/2007. Mechanism of injury is unknown. The diagnostic studies reviewed include a urine drug screen dated 06/26/2013 revealing positive detection of methadone and EDDP methadone metabolite. A urine drug screen dated 11/15/2013 revealed a positive detection for methadone metabolite and opiate. A progress note dated 08/20/2013 documented the patient with complaints of persistent low back pain, 8/10 in severity, which he describes as dull and achy type pain associated with soreness. His low back pain predominately radiates to the right lower extremity associated with tingling and numbness up to the right lower extremity associated with tingling and numbness up to the right foot. His tingling and numbness is most pronounced on the lateral aspect of the right leg. Combination of current medications is helping for pain and he is requesting a refill of his medications. Objective finding son examination reveals spasm in the lumbar paraspinal muscles. Straight leg rising aggravates his low back pain on the right side without frank radiation to the right lower extremity. Dysesthesias noted to light touch in the right L5 dermatome. Otherwise no gross change noted. Diagnoses: Low back pain, Lumbar and sacral osteoarthritis, and Sciatica. Treatment Plan/Medications: Refill the following: Docusate sodium 259 mg, Hydrocodone 10-325 mg, Methadone 5 mg, Omeprazole 20 mg, Trazodone 50 mg, and Medrox cream. A UR report dated 12/20/2013 modified the original request for hydrocodone 10-325 mg (Norco) 1 tablet every 8 hours as needed #90 with no refills. The request was modified to allow this one refill for the purpose of weaning to discontinue, over a weaning period of three months. Long term use of opiates is not supported. The medical records do not establish that the patient has returned to work or has improved functioning and pain as a result of his opiate. In fact, the patient continues to report pain 9/10 of a significant amount of opiate medication. In addition it

should be noted that urine drug screen and a signed opioid agreement have not been clarified in the medical records.

IMR ISSUES, DECISIONS AND RATIONALES

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

NORCO 10/325MG #90 NO REFILLS: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-78.

Decision rationale: The CA MTUS guidelines recommend chronic Opioid therapy for select patients who meet certain criteria. Amongst the criteria are improved analgesia, no significant adverse effects, no aberrant drug seeking behavior, and improvement in ADLs. There were no recent clinical documents provided. The clinical documents provided do not clearly demonstrate the patient has had a sufficient reduction in her pain. The documents do not demonstrate the patient has had a significant improvement in ADLs. There was no evidence of a signed pain contract or recent urine drug screening. Based on the CA MTUS guidelines and criteria as well as the clinical documentation stated above, the request is not medically necessary.