

<b>Case Number:</b>	CM14-0001477		
<b>Date Assigned:</b>	04/28/2014	<b>Date of Injury:</b>	03/01/2006
<b>Decision Date:</b>	06/13/2014	<b>UR Denial Date:</b>	12/04/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/03/2014

### 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 Pulmonary Diseases 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 injured worker reported an injury on 03/01/2006. A physical examination on 01/20/2014 documented the injured worker with complaints of pain located in the bilateral legs, bilateral buttocks, bilateral hips, bilateral knees, bilateral low back and bilateral ankles and feet. The injured worker reported that on average without pain medication his pain rate was 8/10 and with pain medications the pain was 5/10. The injured workers medication regimen included Methadone HCL 10mg and Norco 10/325mg. The State of California Division of Workers Compensation Request for Authorization for Medical Treatment was not submitted with this review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**THE REQUEST FOR NORCO:** Upheld

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

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

**Decision rationale:** The injured worker reported chronic pain located in the lower body. A physical evaluation on 01/20/2014 documents the injured workers pain was on average 8/10

without medications. The pain medications being used are Methadone and Norco. The CA MTUS Guidelines recommend ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. The guidelines recommend 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. The documentation submitted for review failed to support significant pain relief with current treatment and it did not indicate success with increased function. The documents did not indicate any side effects of the medications or a recent urine drug screen. Therefore, due to lack of supportive clinical findings and due to lack of dosage frequency or quantity, the request for Norco is not medically necessary and appropriate.

**METHADONE:** Upheld

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

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

**Decision rationale:** The injured worker reported chronic pain located in the lower body. A physical evaluation on 01/20/2014 documents the injured workers pain was on average 8/10 without medications. The pain medications being used are Methadone and Norco. The CA MTUS Guidelines recommend ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. The guidelines recommend 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. The documentation submitted for review failed to support significant pain relief with current treatment and it did not indicate success with increased function. The documents did not indicate any side effects of the medications or a recent urine drug screen. Therefore, due to lack of supportive clinical findings and due to lack of dosage frequency or quantity, the request for Methadone is not medically necessary and appropriate.