

<b>Case Number:</b>	CM14-0102443		
<b>Date Assigned:</b>	07/30/2014	<b>Date of Injury:</b>	03/03/2010
<b>Decision Date:</b>	10/03/2014	<b>UR Denial Date:</b>	06/05/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/02/2014

### 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 Anesthesiology has a subspecialty in Pain 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 injured worker is a 49 year old male injured on 03/03/10. The mechanism of injury is due to a motor vehicle collision. Diagnoses include hip joint pain, lumbar degenerative disc disease, bulging lumbar disc, lumbar facet arthropathy, and sciatica. Clinical note dated 07/11/14 indicated the injured worker presented complaining of constant chronic low back pain, buttock pain, groin pain, left hip pain radiating to the leg and left foot rated at 9/10 decreasing to 6 to 7/10. Documentation indicated the injured worker reported running out of medications several weeks prior to appointment. Medication regimen included Norco, Lyrica, Soma, Prilosec, and Methadone. The injured worker also noted to hold THC card. It was noted in the documentation the injured worker frequently utilized emergency department for refills of medications in conjunction with spouse in addition to receiving Toradol injections. Multiple urine drug screens were negative for Methadone and other opioid metabolites. Physical examination revealed injured worker sitting in chair throughout exam, no evidence of over medication, sedation, or withdrawal, normal tandem gait, strength 3 to 4/5 on the left, diminished sensation to pain and pinprick in the left leg, Patrick's positive on the left, groin pain and tender on the left, facet loading positive on the left, and positive straight leg raising on the left. Treatment plan included prescriptions for Hydrocodone/Acetaminophen and Methadone. The initial request for Hydrocodone 10/325 milligrams quantity 180 and Methadone 5 milligrams quantity ninety was initially noncertified on 06/05/14.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Hydrocodone 10/325mg #180:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for Use of Opioids Page(s): 77.

**Decision rationale:** As noted in the Chronic Pain Medical Treatment Guidelines, patients must demonstrate functional improvement in addition to appropriate documentation of ongoing pain relief to warrant the continued use of narcotic medications. There is no clear documentation regarding the functional benefits or any substantial functional improvement obtained with the continued use of narcotic medications. Specific examples of improved functionality should be provided to include individual activities of daily living, community activities, and exercise able to perform as a result of medication use. Additionally, there is evidence of potential aberrant behavior that has not been addressed in the clinical documentation. As such, Hydrocodone 10/325 milligrams quantity 180 cannot be recommended as medically necessary at this time.

**Methadone 5mg #90:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Methadone Page(s): 61.

**Decision rationale:** As noted in the Chronic Pain Medical Treatment Guidelines, Methadone is recommended as a second line drug for moderate to severe pain if the potential benefit outweighs the risk. Additionally, patients must demonstrate functional improvement in addition to appropriate documentation of ongoing pain relief to warrant the continued use of narcotic medications. There is no clear documentation regarding the functional benefits or any substantial functional improvement obtained with the continued use of narcotic medications. Specific examples of improved functionality should be provided to include individual activities of daily living, community activities, and exercise able to perform as a result of medication use. Additionally, there is evidence of potential aberrant behavior that has not been addressed in the clinical documentation. As such, Methadone 5 milligrams quantity ninety cannot be recommended as medically necessary at this time.