

<b>Case Number:</b>	CM14-0108994		
<b>Date Assigned:</b>	08/01/2014	<b>Date of Injury:</b>	07/31/1995
<b>Decision Date:</b>	10/01/2014	<b>UR Denial Date:</b>	06/17/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/14/2014

### 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 Physical Medicine and Rehabilitation, and Pain Medicine, and is licensed to practice in California and Washington. 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 64-year-old female who was injured on 07/31/1995 with no documented mechanism of injury in the submitted reports. The patient was diagnosed with lumbago, lumbar disc displacement, and musculoskeletal pain. A request was made for Methadone and Norco. The only medical report submitted was a 06/06/14 visit note. According to this report, the patient complained of pain, 7/10 on VAS. The patient is currently on Methadone 10 mg q12 hours, Flexeril and Norco 10/325 mg q6 hours. She was advised to continue her medications. There were no reported side effects with medication intake or indications of medication abuse. The request for Norco 10/325 1 PO Q6 #60 and Methadone 10 mg 1 PO QD #60 was denied on 06/17/14.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Norco 10/325 1 PO Q6 #60:** 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): 91, 74.

**Decision rationale:** Norco (Hydrocodone + Acetaminophen) is indicated for moderate to severe pain. It is classified as a short-acting opioids, often used for intermittent or breakthrough pain. Guidelines indicate "four domains have been proposed as most relevant for ongoing monitoring of chronic pain patients on opioids; pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant (or non-adherent) drug-related behaviors. These domains have been summarized as the "4 A's" (analgesia, activities of daily living, adverse side effects, and aberrant drug-taking behaviors)." The medical records do not establish failure of non-opioid analgesics, such as NSAIDs or Acetaminophen, and there is no mention of ongoing attempts with non-pharmacologic means of pain management. There is no significant improvement in pain level (i.e. VAS) and function with continuous use of this medication. There is no documentation of drug urine screen to monitor compliance. The medical documents do not support continuation of opioid pain management; therefore the medical necessity for Norco has not been established.

**Methadone 10mg 1 PO QD #60:** 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): 91.

**Decision rationale:** As per CA MTUS guidelines, Methadone is recommended for moderate to severe pain. Further guidelines, "four domains have been proposed as most relevant for ongoing monitoring of chronic pain patients on opioids; pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant (or non-adherent) drug-related behaviors. These domains have been summarized as the "4 A's" (analgesia, activities of daily living, adverse side effects, and aberrant drug-taking behaviors)." this case, this patient has chronic lower back pain and has been prescribed Methadone chronically. There is documentation of ongoing monitoring with urine drug screening which was consistent with prescribed medication. There is no documentation of significant subjective or objective functional improvement or reduction in pain level with the use of this medication. Thus, the request is not medically necessary and appropriate.