

Case Number:	CM14-0154391		
Date Assigned:	09/24/2014	Date of Injury:	06/01/1988
Decision Date:	10/27/2014	UR Denial Date:	08/26/2014
Priority:	Standard	Application Received:	09/22/2014

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. 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 70-year-old male who sustained injuries on 06/01/88. He complained of severe low back pain and pain in the upper sacrum radiating into the hip area bilaterally. The pain was so severe that it interfered with all the ADLs and sleep. He rated his pain at 7/10. On exam, his posture was leaning forward and scoliotic. Gait was slow, cautious, and stiff. Radial pulses were 2+ bilaterally. Dorsalis pedis and posterior tibial pulses were 2+ bilaterally. Sensation and coordination were normal. Reflexes were normal patella and Achilles reflex were 0 bilaterally. CT myelogram in April 2014 revealed degenerative and adult idiopathic lumbar scoliosis above his previous fusion and multilevel degenerative disease, coronal plane deformity in mid lumbar segments above fusion, and lateral recess stenosis. Surgeries include back surgery and arthroscopic left knee surgery. His current medications include Ibuprofen, Docusate Sodium, Senna, Methadone, Norco, baby aspirin, Senna-Gen NF. Past treatments have included analgesics which helped him in functioning and he also had trigger point injections. Physical therapy has never helped in the past. 3 to 4 Methadone a day makes him sleepy and Norco helps him very much. Diagnoses included failed back syndrome, radiculopathy, and post laminectomy syndrome. The request for Norco 10/325 mg #60 with 5 refills and Methadone 10 mg #120 with 5 refills was denied on 08/25/14 due to lack of medical necessity guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg #60 with 5 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use.

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 nonadherent) 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-pharmacologic means of pain management, such as home exercise program. There is no documentation of any significant improvement in pain level (i.e. VAS) or function with its continuous use. There is no evidence of recent urine drug in order to monitor compliance. Furthermore, conversion to long-acting opioid should be considered when continuous around the clock pain management is desired. Therefore, the medical necessity for Norco has not been established based on guidelines and lack of documentation.

Methadone 10 mg #120 with 5 refills: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 91-93.

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 nonadherent) 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 records show this IW has chronic pain and has been taking Methadone for a long time. However, there is no evidence of significant improvement in pain level (i.e. VAS) or function with its continuous use. Additionally, the pain level is noted 7/10 and the IW is experiencing sleepiness with Methadone use. Moreover, there is no evidence of urine drug test in order to monitor compliance. Therefore, the medical necessity for Methadone 10 mg # 120 has not been established based on guidelines and lack of documentation.