

<b>Case Number:</b>	CM14-0184743		
<b>Date Assigned:</b>	11/12/2014	<b>Date of Injury:</b>	01/10/2008
<b>Decision Date:</b>	12/15/2014	<b>UR Denial Date:</b>	11/04/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/06/2014

### 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 Family Practice 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:

This is a 60-year-old female who sustained a work injury on January 10, 2006 involving the neck, low back and wrists. She was diagnosed with carpal tunnel syndrome, cervicalgia, lumbar spondylosis, chronic pain syndrome and degenerative disc of the cervical spine and lumbar spine. She had been treated for pain with Methadone, Topical Lidocaine and Norco since at least February 2014. A progress note on October 27, 2014 indicated the claimant had 9/10 pain without medications and 10/10 pain with medications. Exam findings were notable for tenderness in the cervical paraspinal region as well as painful range of motion. Tinel's sign was positive in both wrists. The claimant remained on Norco and Methadone for pain along with topical Lidocaine.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Norco 10/325mg #200:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids for Chronic Pain Page(s): 80-81.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 82-92.

**Decision rationale:** Norco is a short acting opioid used for breakthrough pain. According to the MTUS Chronic Pain Medical Treatment Guidelines it is not indicated as 1st line therapy for neuropathic pain, and chronic back pain. It is not indicated for mechanical or compressive etiologies. It is recommended for a trial basis for short-term use. Long Term-use has not been supported by any trials. In this case, the claimant had been on Norco and Methadone for over 8 months with persistent high level of pain on the medication. The continued use of Norco is not medically necessary.

**Methadone 10mg #90:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Methadone and Opioids Page(s): 61, 82-92.

**Decision rationale:** According to the MTUS 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. Prescribing over 40 mg Methadone tablets should be avoided for chronic non-malignant pain. This product is only FDA-approved for detoxification and maintenance of narcotic addiction. This product is only FDA-approved for detoxification and maintenance of narcotic addiction. In this case, there was no indication of narcotic addiction or need for narcotic withdrawal. The claimant did not have a malignancy and had persistent high level of pain on the medication. The continued use of Methadone as prescribed above is not medically necessary.