

<b>Case Number:</b>	CM14-0073865		
<b>Date Assigned:</b>	07/16/2014	<b>Date of Injury:</b>	03/14/1997
<b>Decision Date:</b>	08/22/2014	<b>UR Denial Date:</b>	05/02/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/21/2014

### 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, has a subspecialty in Neuromuscular Medicine and is licensed to practice in Maryland. 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 patient is a 63 year old female with a work injury dated 3/14/97. The diagnoses include brachial neuritis or radiculitis, constipation, muscle spasm, cervicalgia, postlaminectomy syndrome of the cervical region. Under consideration is a request for Norco 10/325mg #180; Methadone HCL 10mg #120, Urine Drug Testing Qty: 1. There is a primary treating physician (PR-2) document dated 7/14/14 that states that the patient is followed for chief complaints of chronic severe neck pain, cervicogenic headache, worse on the right, and BUE C8 radicular pain. Myelopathic changes have been detected on physical exam as well. She has a history of 3 prior neck fusions, last one in 2006. She has been told she is not a further surgical candidate due to lung issues. The patient denies any fevers, chills, night sweats, bowel, bladder, cardiopulmonary, constipation, or neurologic changes. Patient is a former office manager on SSI since 2006. She also suffers from BLE pain and numbness due to peripheral neuropathy. Last cervical MRI on 6/13/11 shows flexed c-spine, C3-T1 laminectomy/fusion, moderate C2-3 CSS, and minimal C6-T2 bilateral foraminal stenosis. Last EKG on 10/9/13 shows NSR with LAE without prolongation. There is no history of syncope, palpitations, or FH of LOTS or sudden cardiac death. Patient does not use OTC NSAIO's due to severe gastric upset. Savella provides greater than 40% improvement in pain relief and function. PT gave only mild relief, and at this point she can hardly move. Since her last visit the patient reports slightly increased low back pain with increased numbness in hands and feet. The patient is here for medication refills. She reports that she has been falling more often. The pain score is 10/10 without medications and 4/10 with medication. The pain today is 8/10. The medications prescribed are keeping the patient functional, allowing for increased mobility, and tolerance of ADL's and home exercises. No intolerable side effects are associated with these. On physical exam she has cervical tenderness

to palpation. There is a positive Hoffman sign and decreased range of motion of the cervical spine. In the upper and lower extremities there is decreased strength. There is decreased sensation predominately C7 -8 nerve root distribution bilaterally and decreased b/I feet, stocking distribution. The left ankle and right and left brachioradialis reflexes are absent. The right knee reflex is . The rest of the reflexes are intact in the arms and legs. There is no clonus. The patient arrives in a scooter. There is tenderness to palpation of the lumbar paraspinals. The treatment plan includes a renewal of Methadone, Norco, Robaxin, Prozac, Lunesta, Savella, Lyrica, Senna-S, and Dulcolax as well as UDT for purposes of diversion and medication monitoring.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

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

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 94-95.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 76-80, 86.

**Decision rationale:** Norco 10/325mg #180 is not medically necessary per the MTUS Chronic Pain Medical Treatment Guidelines. The guidelines state that that dosing of opioids is not exceed 120 mg oral morphine equivalents per day, and for patients taking more than one opioid, the morphine equivalent doses of the different opioids must be added together to determine the cumulative dose. The documentation indicates that the patient's medications exceed the 120 mg of morphine equivalent dosing. Furthermore, the documentation indicates long term use of opioids without significant change in function as defined by the MTUS. The MTUS guidelines do not recommend continuing opioids without improvement in function. For these reasons the request for Norco 10/325mg #180 is not medically necessary.

**Methadone HCL 10mg #120:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 94-95.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 76-80, 86.

**Decision rationale:** Methadone HCL 10mg #120 is not medically necessary per the MTUS Chronic Pain Medical Treatment Guidelines. The guidelines state that that dosing of opioids is not exceed 120 mg oral morphine equivalents per day, and for patients taking more than one opioid, the morphine equivalent doses of the different opioids must be added together to determine the cumulative dose. The documentation indicates that the patient's medications exceed the 120 mg of morphine equivalent dosing. Furthermore, the documentation indicates long term use of opioids without significant change in function as defined by the MTUS. The

MTUS guidelines do not recommend continuing opioids without improvement in function. For these reasons the request for Methadone HCL 10mg #120 is not medically necessary.

**Urine Drug Testing Qty: 1:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Urine Drug Testing.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Drug testing, Opioids Page(s): 43, 94. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain: urine drug testing.

**Decision rationale:** Urine drug testing quantity 1 is not medically necessary per the MTUS Chronic Pain Medical Treatment Guidelines and the ODG Guidelines. The MTUS guidelines state that frequent random urine toxicology screens can be used as a step steps to avoid misuse of opioids, and in particular, for those at high risk of abuse. The MTUS states that urine drug screen is recommended as an option, using a urine drug screen to assess for the use or the presence of illegal drugs.. The ODG states patients at "low risk" of addiction/aberrant behavior should be tested within six months of initiation of therapy and on a yearly basis thereafter. Patients at "moderate risk" for addiction/aberrant behavior are recommended for point-of-contact screening 2 to 3 times a year with confirmatory testing for inappropriate or unexplained results. Patients at "high risk" of adverse outcomes may require testing as often as once per month. This category generally includes individuals with active substance abuse disorders. The documentation indicates that the patient is utilizing her medications appropriately and has demonstrated consistency with urine drug screening in the past. The documentation submitted does not indicate that the patient is at moderate or high risk of aberrant activity and therefore a request urine drug testing quantity 1 is not medically necessary.