

<b>Case Number:</b>	CM14-0078368		
<b>Date Assigned:</b>	07/21/2014	<b>Date of Injury:</b>	01/04/1993
<b>Decision Date:</b>	08/28/2014	<b>UR Denial Date:</b>	04/21/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/28/2014

### 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 Management 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:

According to the records made available for review, this is a 51-year-old male with a 1/4/93 date of injury, and status post knee surgery 1983, status post cervical fusion 1995 and 2002, status post right ACL reconstruction 1/7/09, status post lumbar fusion 4/1/09, and status post right C3-4 foraminotomy 3/30/11. At the time (4/21/14) of request for authorization for Norco and Methadone, there is documentation of subjective (chronic pain, pain rated 8-9/10) and objective (anxious affect) findings. The current diagnosis is chronic multifactorial spinal pain an industrial basis. The treatment to date includes medications including ongoing use of Norco (since at least 1/14) and Methadone. The medical report dated 3/20/14 identifies that the patient has a signed opioid prescribing agreement and has agreed not to get controlled substances for pain from other providers. Regarding the requested Norco, there is no documentation of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services as a result of Norco use to date. Regarding the requested Methadone, there is no documentation that Methadone is used as a second-line drug for moderate to severe pain and that the potential benefit outweighs the risk, and that Methadone is being prescribed by providers with experience in using it; and functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services as a result of Methadone use to date.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Norco:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-80.

**Decision rationale:** MTUS Chronic Pain Medical Treatment Guidelines necessitate documentation that the prescriptions are from a single practitioner and are taken as directed; the lowest possible dose is being prescribed; and there will be ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects, as criteria necessary to support the medical necessity of opioids. MTUS definitions identifies that any treatment intervention should not be continued in the absence of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services. Within the medical information available for review, there is documentation of diagnosis of chronic multifactorial spinal pain an industrial basis. In addition, given documentation of that the patient has a signed opioid prescribing agreement and has agreed not to get controlled substances for pain from other providers, there is documentation that the prescriptions are from a single practitioner and are taken as directed; the lowest possible dose is being prescribed; and there will be ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. However, given medical records reflecting prescription for Norco since at least 1/14, there is no documentation of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services as a result of Norco use to date. Therefore, based on guidelines and a review of the evidence, the request for Norco is not medically necessary.

**Methadone:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Methadone; Opioids Page(s): 61-62; 74-80.

**Decision rationale:** MTUS Chronic Pain Medical Treatment Guidelines identifies documentation of Methadone used as a second-line drug for moderate to severe pain if the potential benefit outweighs the risk, and that Methadone is being prescribed by providers with experience in using it, as criteria necessary to support the medical necessity of Methadone. In addition, MTUS Chronic Pain Medical Treatment Guidelines necessitate documentation that the prescriptions are from a single practitioner and are taken as directed; the lowest possible dose is being prescribed; and there will be ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects, as criteria necessary to support the medical necessity of opioids. MTUS definitions identifies that any treatment intervention should not be continued in the absence of functional benefit or improvement as a reduction in work

restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services. Within the medical information available for review, there is documentation of diagnosis of chronic multifactorial spinal pain on an industrial basis. In addition, given documentation of that the patient has a signed opioid prescribing agreement and has agreed not to get controlled substances for pain from other providers, there is documentation that the prescriptions are from a single practitioner and are taken as directed; the lowest possible dose is being prescribed; and there will be ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. However, there is no documentation that Methadone is used as a second-line drug for moderate to severe pain and that the potential benefit outweighs the risk, and that Methadone is being prescribed by providers with experience in using it. Furthermore, given medical records reflecting ongoing use of Methadone, there is no documentation of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services as a result of Methadone use to date. Therefore, based on guidelines and a review of the evidence, the request for Methadone is not medically necessary.