

Case Number:	CM14-0093044		
Date Assigned:	07/25/2014	Date of Injury:	05/09/2005
Decision Date:	09/23/2014	UR Denial Date:	05/22/2014
Priority:	Standard	Application Received:	06/19/2014

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 Ohio. 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 59-year-old male whose date of injury was 5-19-2005. He injured his back while carrying 80 pound back of sheet rock. His diagnosis includes lumbar disc disease, lumbar radiculitis, lumbar facet arthropathy, the pain. He is been treated with a combination of benzodiazepines, Methadone, Norco, and facet injections for the period of record review extending backwards to 11-18-2013. His physical exam reveals diminished range of motion of the lumbar spine with tenderness to palpation of the facet joints of the lower spine. The injured worker is documented to have 80 to 90% relief of pain with his current medication regimen and it has been clearly documented that without pain medication he would be bed- ridden. With the medications he is able to care for two grandchildren, walk one half a mile twice-weekly, perform light yard work and grocery shop with his wife. There is a urine drug screen in the chart and there is a report from the prescription databank [REDACTED].

IMR ISSUES, DECISIONS AND RATIONALES

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

Methadone 10MG #180: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-96.

Decision rationale: The current medical regimen for this injured worker is certainly in the maintenance phase with regard to his opioid therapy. The above referenced guidelines suggest that while on the maintenance phase that there be ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Pain assessment should include: current pain; the least reported pain over the period since last assessment; average pain; intensity of pain after taking the opioid; how long it takes for pain relief; and how long pain relief lasts. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. Information from family members or other caregivers should be considered in determining the patient's response to treatment. The 4 A's for Ongoing Monitoring: 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 monitoring of these outcomes over time should affect therapeutic decisions and provide a framework for documentation of the clinical use of these controlled drugs. The guidelines go on to say that opioid should be continued if the patient has improved pain and functioning. In this instance, there is clear documentation that the injured worker has improved pain and functioning. Therefore, Methadone 10MG #180 is medically necessary.

Norco 10/135mg #90 with 0 refills: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-96.

Decision rationale: The current medical regimen for this injured worker is certainly in the maintenance phase with regard to his opioid therapy. The above referenced guidelines suggest that while on the maintenance phase that there be ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Pain assessment should include: current pain; the least reported pain over the period since last assessment; average pain; intensity of pain after taking the opioid; how long it takes for pain relief; and how long pain relief lasts. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. Information from family members or other caregivers should be considered in determining the patient's response to treatment. The 4 A's for Ongoing Monitoring: 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 monitoring of these outcomes over time should affect therapeutic decisions and provide a framework for documentation of the clinical use of these controlled drugs. The guidelines go on to say that

opioid should be continued if the patient has improved pain and functioning. In this instance, there is clear documentation that the injured worker has improved pain and functioning.