

<b>Case Number:</b>	CM14-0194344		
<b>Date Assigned:</b>	12/02/2014	<b>Date of Injury:</b>	06/08/2002
<b>Decision Date:</b>	01/16/2015	<b>UR Denial Date:</b>	10/22/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/20/2014

### 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 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 61 year old female reportedly sustained a work related injury on June 8, 2002. Diagnoses include lumbar stenosis and degeneration of lumbosacral intervertebral disc. Magnetic resonance imaging (MRI) on June 17, 2014 impression was laminectomy from mild stenosis and lumbar spondylitic changes. Documentation provides she has had extensive back surgeries as well as chronic back and hip pain, per office visit dated July 24, 2014. Physician note dated April 10, 2014 provides the injured worker stands with flexion of 5 degrees, and tenderness of low back and left hip. Office visit dated October 14, 2014 notes the injured worker rates pain above 10/10, and with medication 4-5/10 as well stated that she doesn't sleep for days. Current medications are listed as Methadone 10mg 4 a daily, Robaxin 750mg as needed, Prilosec 20mg daily, Ambien 10mg as needed, Amitriptyline 150mg nightly, Zocor 20mg daily, Norco 10/325mg twice daily, Nasonex and eye drops. Physical exam revealed tenderness of low back and left hip and that she stands erect but cannot touch toes without bending knees. On October 22, 2014 Utilization Review determined a request dated October 16, 2014 for 120 tablets Methadone 10mg and 90 tablets of Hydrocodone/APAP 10/325mg was partially certified. Medical Treatment Utilization Schedule (MTUS) chronic pain guidelines were utilized in the determination. Application for independent medical review is dated November 20, 2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**120 Tablets of Methadone 10mg:** Overturned

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 78, 88, 89, and 93.

**Decision rationale:** The patient presents with lumbar back pain. The current request is for 120 tablets of Methadone 10mg. The MTUS guidelines on page 93 recommended Methadone for the treatment of moderate to severe pain. MTUS pages 88 and 89 states, "document pain and functional improvement and compare to baseline. 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. Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." MTUS on page 78 also requires documentation of the four A's (analgesia, activities of daily livings (ADLs), Adverse effects and Adverse behavior). MTUS further discusses under "outcome measures," documentation of average pain level, time it takes for medication to work, duration of relief with medication, etc. are required. In this case, the treating physician does report that the patient's pain level is sometimes 10 or higher without the medication, whereas with the medication it is a 4-5 out of 10. There is documentation provided outlining all aspects of the 4 A's as required by the guidelines. In the treating physician report dated 08/13/14, it is indicated that the pain does affect her ADL's because she is an active person. In addition, her husband is disabled which she is responsible for helping him as well as do things around the house. Addiction and tolerance were discussed and documented. Adverse effects are covered in the review of systems. Urine drug screening was requested by the physician. Therefore, this request is medically necessary.

### **90 Tablets of Hydrocodone/APAP 10/: Overturned**

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

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

**Decision rationale:** The patient presents with lumbar back pain. The current request is for 90 Tablets of Hydrocodone/APAP 10/325mg. The MTUS Guidelines pages 88 and 89 state, "Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." MTUS page 78 also requires documentation of the 4As (analgesia, activities of daily livings (ADLs), adverse side effects, and adverse behavior), as well as "pain assessment" or outcome measures that include current pain, average pain, least pain, intensity of pain after taking the opioid, time it takes for medication to work and duration of pain relief. The treating physician does report that the patient's pain level is sometimes 10 or higher without the medication, whereas with the medication it is a 4-5 out of 10. There is documentation provided outlining all aspects of the 4 A's as required by the guidelines. In the treating physician report dated 08/13/14, it is indicated that the pain does affect her ADL's because she is an active person. In addition, her husband is disabled which she is responsible for helping him as well as

do things around the house. Addiction and tolerance were discussed and documented. Adverse effects are covered in the review of systems. Urine drug screening was requested by the physician. Therefore, this request is medically necessary.