

Case Number:	CM14-0198549		
Date Assigned:	12/08/2014	Date of Injury:	12/19/1995
Decision Date:	01/26/2015	UR Denial Date:	10/31/2014
Priority:	Standard	Application Received:	11/25/2014

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 Internal Medicine, has a subspecialty in HPM and is licensed to practice in Pennsylvania. 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 62-year-old woman with a date of injury of 12/19/1995. The submitted and reviewed documentation did not identify the mechanism of injury. A treating physician note dated 09/29/2014 indicated the worker was experiencing neck pain, headaches, and mid- and lower back pain. The documented examination described straightened upper and lower back curves, neck muscle atrophy, tenderness in the upper and right mid-back, decreased motion in the upper and lower back joints, tenderness in the lower facet joints, decreased reflexes at the ankles and arms, and decreased sensation in the left arm. The submitted and reviewed documentation concluded the worker was suffering from cervical post-laminectomy syndrome, carpal tunnel syndrome, brachial radiculitis, cervical degenerative disks, cervical spondylosis, myositis, neck pain, and insomnia. Treatment recommendations included oral pain medications, quitting smoking, spine surgery on 01/29/2015, and follow up care in a month. A Utilization Review decision was rendered on 10/31/2014 recommending modified certification for 38 tablets of methadone 10mg for weaning and 240 tablets of Norco (hydrocodone with acetaminophen) 10/325mg, without refills.

IMR ISSUES, DECISIONS AND RATIONALES

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

Methadone 10mg, #120: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Weaning of Medications Page(s): 74-95, 124.

Decision rationale: Methadone is a medication in the opioid reliever class. The MTUS Guidelines stress the lowest possible dose of opioid medications should be prescribed to improve pain and function, and monitoring of outcomes over time should affect treatment decisions. The Guidelines recommend that the total opioid daily dose should be lower than 120mg oral morphine equivalents. Documentation of pain assessments should include the current pain intensity, the lowest intensity of pain since the last assessment, the average pain intensity, pain intensity after taking the opioid medication, the amount of time it takes to achieve pain relief after taking the opioid medication, and the length of time the pain relief lasts. Acceptable results include improved function, decreased pain, and/or improved quality of life. The MTUS Guidelines recommend opioids be continued when the worker has returned to work and if the worker has improved function and pain control. When these criteria are not met, a slow individualized taper of medication is recommended to avoid withdrawal symptoms. The submitted and reviewed documentation indicated the worker was experiencing neck pain, headaches, and mid- and lower back pain. Thorough recorded pain assessments detailed significant improvement in pain intensity and function with the use of this medication. While there was no mention of monitoring for silent negative side effects, such as with an ECG, an individualized risk assessment and other monitoring was documented. Treatment recommendations included spine surgery that was scheduled for 01/29/2015 and a plan to wean this medication after that treatment was completed. In light of this supportive evidence, the current request for 120 tablets of methadone 10mg is medically necessary.

Norco 10/325mg, #240 with 3 refills: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Weaning of Medications Page(s): 74-95, 124.

Decision rationale: Norco (hydrocodone with acetaminophen) is a combination medication in the opioid and pain reliever classes. The MTUS Guidelines stress the lowest possible dose of opioid medications should be prescribed to improve pain and function, and monitoring of outcomes over time should affect treatment decisions. The Guidelines recommend that the total opioid daily dose should be lower than 120mg oral morphine equivalents. Documentation of pain assessments should include the current pain intensity, the lowest intensity of pain since the last assessment, the average pain intensity, pain intensity after taking the opioid medication, the amount of time it takes to achieve pain relief after taking the opioid medication, and the length of time the pain relief lasts. Acceptable results include improved function, decreased pain, and/or improved quality of life. The MTUS Guidelines recommend opioids be continued when the worker has returned to work and if the worker has improved function and pain control. When these criteria are not met, a slow individualized taper of medication is recommended to avoid withdrawal symptoms. The submitted and reviewed documentation indicated the worker was

experiencing neck pain, headaches, and mid- and lower back pain. Thorough recorded pain assessments detailed significant improvement in pain intensity and function with the use of this medication, an individualized risk assessment, and risk monitoring. However, the request includes medication for six months of therapy. This would not allow for the outcomes to affect treatment decisions, ensure the lowest possible dose was prescribed, or account for changes in the worker's condition or treatment needs. In the absence of such evidence, the current request for 240 tablets of Norco (hydrocodone with acetaminophen) 10/325mg, with three refills is not medically necessary. Because the potentially serious risks outweigh the benefits in this situation based on the submitted and reviewed documentation, an individualized taper should be able to be completed with the medication the worker has available.