

Case Number:	CM14-0202416		
Date Assigned:	12/15/2014	Date of Injury:	07/26/2001
Decision Date:	02/05/2015	UR Denial Date:	11/10/2014
Priority:	Standard	Application Received:	12/03/2014

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 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 is a 56 year old male patient who sustained a work related injury on 7/26/2001. Patient sustained the injury due to a cumulative trauma. The current diagnoses include lumbar failed back surgery syndrome, spondylosis in the lumbar region without myelopathy, lumbar spinal stenosis, radiculopathy in the thoracic or lumbosacral region, encounter for long term use of opioid analgesics, depression with anxiety, neck pain, low back pain, cervical failed back surgery syndrome, myalgia and myositis, chronic pain due to trauma, and lumbar degenerative disc disease. Per the doctor's note dated 10/24/14, patient has complaints of moderate to severe upper, middle, and lower back pain, neck, knee and gluteal area pain that was radiated to the right arm, calf, foot, and thigh a 7-9/10. Physical examination of the revealed normal heel and toe, antalgic gait, mild lumbar spasm and tenderness along the spinous, paraspinal lumbar region, gluteals, and the sciatic notch, the straight leg rise on the right radiated pain on the right. The current medication lists include Voltaren gel, Cymbalta, Gemfibrozil, Glimepiride, Norco, Combivent, Lisinopril, Lovastatin, Methadone, Nitrostat, Janumet, and Diovan. The patient has had MRI of the low back that revealed lumbar spondylosis with degenerative joint disease, degenerative disc disease, facet arthropathy, neuralforaminal stenosis. The patient's surgical history include knee surgery, shoulder surgery, hernia repair, lumbar spine surgery and SCS implant. He had received ESI for this injury. The patient has received an unspecified number of PT visits for this injury. He has had a urine drug toxicology report on 8/27/14 that was positive for Methadone. It was also positive for marijuana and was negative for any other opiate besides methadone, even though he was prescribed norco during that time. Per the notes, in 2011 he had an abnormal urine drug screen. Also per the notes the pt was not working/ unemployed. Per the notes dated 6/21/12, he was angry frustrated. At that time he was taking significant doses of methadone and norco. However, in spite of that, the notes state that , he was still having significant pain in multiple

areas of the body and the pt was able to do only limited ADLs. Per the notes dated 8/27/14, the pt had a Treansfoeraminal injection at: L4-L5, on the right side on 16JUL2014. His functioning has improved well (due to the ESI- epidural steroid injection), he was just walking 5steps with his pain jumping up at him, now he can walk a block. He is actually walking off and forgetting his cane because he is less reliant.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg #120 with 1 refill: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use: CRITERIA FOR USE OF OPIOIDSTherapeutic Trial of Opioids Page(s).

Decision rationale: Norco 10/325mg #120 with 1 refill contains Hydrocodone with APAP which is an opioid analgesic in combination with acetaminophen. According to California MTUS guidelines cited below, "A therapeutic trial of opioids should not be employed until the patient has failed a trial of non-opioid analgesics. Before initiating therapy, the patient should set goals, and the continued use of opioids should be contingent on meeting these goals." The records provided do not specify that patient has set goals regarding the use of opioid analgesic. A treatment failure with non-opioid analgesics is not specified in the records provided. Other criteria for ongoing management of opioids are: "The lowest possible dose should be prescribed to improve pain and function. Ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Consider the use of a urine drug screen to assess for the use or the presence of illegal drugs." The records provided do not provide a documentation of response in regards to pain control and functional improvement to opioid analgesic for this patient. The continued review of overall situation with regard to non-opioid means of pain control is not documented in the records provided. As recommended by California MTUS a documentation of pain relief, functional status, appropriate medication use, and side effects should be maintained for ongoing management of opioid analgesic, these are not specified in the records provided. Whether improvement in pain translated into objective functional improvement including ability to work is not specified in the records provided. With this, it is deemed that, this patient does not meet criteria for ongoing continued use of opioids analgesic. The medical necessity of Norco 10/325mg #120 with 1 refill is not established for this patient.

Methadone HCL 10mg #120: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use: CRITERIA FOR USE OF OPIOIDSTherapeutic Trial of Opioids Page(s).

Decision rationale: Methadone HCL 10mg #120 is an opioid analgesic. According to CA MTUS guidelines cited below, "A therapeutic trial of opioids should not be employed until the patient has failed a trial of non-opioid analgesics. Before initiating therapy, the patient should set goals, and the continued use of opioids should be contingent on meeting these goals." Per the notes, in 2011 he had an abnormal urine drug screen. Also per the notes the patient was not working/unemployed. Per the notes dated 6/21/12, he was angry/frustrated. At that time he was taking significant doses of methadone and Norco. However, in spite of that, the notes state that he was still having significant pain in multiple areas of the body and the patient was able to do only limited ADLs. Therefore per the notes the patient did not have significant functional improvement with high doses of opioids. The records provided do not specify that the patient has set goals regarding the use of opioid analgesic. A treatment failure with non-opioid analgesics is not specified in the records provided. Other criteria for ongoing management of opioids are: "The lowest possible dose should be prescribed to improve pain and function. Continuing review of the overall situation with regard to nonopioid means of pain control. Ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Consider the use of a urine drug screen to assess for the use or the presence of illegal drugs." A urine drug screen on 8/27/14 was also positive for marijuana. This is evidence of possible aberrant drug behavior. The continued review of overall situation with regard to nonopioid means of pain control is not documented in the records provided. As recommended by MTUS a documentation of pain relief, functional status, appropriate medication use, and side effects should be maintained for ongoing management of opioid analgesic, these are not specified in the records provided. Whether improvement in pain translated into objective functional improvement including ability to work is not specified in the records provided. Per the notes dated 8/27/14, the patient had a transforaminal injection at: L4-L5, on the right side on 16JUL2014. His functioning has improved well (due to the ESI- epidural steroid injection), he was just walking 5 steps with his pain jumping up at him, now he can walk a block. He is actually walking off and forgetting his cane because he is less reliant. With this, it is deemed that this patient does not meet criteria for ongoing continued use of opioid analgesic. The medical necessity of Methadone HCL 10mg #120 is not established for this patient.