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| <b>Case Number:</b>   | CM15-0006333 |                              |            |
| <b>Date Assigned:</b> | 01/26/2015   | <b>Date of Injury:</b>       | 10/23/2008 |
| <b>Decision Date:</b> | 03/17/2015   | <b>UR Denial Date:</b>       | 12/18/2014 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 01/12/2015 |

### 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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:  
 State(s) of Licensure: Texas, California  
 Certification(s)/Specialty: Family Practice

### 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 46 year old male patient who sustained an industrial injury on 10/23/2008. The diagnoses have included chronic low back pain and lumbar spondylosis. Per the doctor's note dated 12/10/2014, he had complains of upper and lower back pain with associated radiculopathy of bilateral lower extremities. Physical examination revealed pain to palpation over the L4-S1 hardware heads bilaterally, pain with rotational extension, trigger points and paraspinal spasm, 5-/5 strength in bilateral lower extremities. The medications list includes methadone, ibuprofen, xanax, norco and omeprazole. Treatment plan included of Methadone 10 mg #60 and Norco 10/325 mg #180. Treatment to date has included posterior spinal fusion-lumbar 4 to sacral 1- in 2011, physical therapy, steroid injections and medication management. He has had lumbar spine MRI. Prior diagnostic study reports were not specified in the records provided. He has had urine drug screen on 5/6/2014 which was positive for hydrocodone and norhydrocodone; on 10/13/2014 which was positive for methadone, hydrocodone and norhydrocodone. On 12/18/2014 Utilization Review non-certified of Methadone 10 mg #60 and Norco 10/325 mg #180, noting the additional use of Butrans patch. The MTUS was cited. On 1/7/2015, the injured worker submitted an application for IMR for review of Methadone 10 mg #60 and Norco 10/325 mg #180.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Methadone 10mg #60: 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, criteria for use: page 76-80Methadone, page 61.

**Decision rationale:** Request: Methadone 10mg #60 Methadone is an opioid analgesic. According to CA MTUS guidelines, Methadone is "Recommended as a second-line drug for moderate to severe pain if the potential benefit outweighs the risk. The FDA reports that they have received reports of severe morbidity and mortality with this medication. This appears, in part, secondary to the long half-life of the drug (8-59 hours). Pain relief on the other hand only lasts from 4-8 hours..." According to CA MTUS guidelines, "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 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, continuing review of the overall situation with regard to non-opioid 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." The records provided do not provide a documentation of response in regards to pain control and objective functional improvement to opioid analgesic for this patient. Any evidence that the patient is having a pain diary is not specified in the records provided. Response to lower potency opioids like tramadol is not specified in the records provided. Response to other medications for chronic pain including antidepressants and anticonvulsants is not specified in the records provided. With this, it is deemed that this patient does not meet criteria for ongoing use of opioids analgesic. The medical necessity of Methadone 10mg #60 is not established for this patient at this time.

**Norco 10/325mg #180: 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: Page(s): page 76-80.

**Decision rationale:** Request: Norco 10/325mg #180. Norco contains hydrocodone and acetaminophen. Hydrocodone is an opioid analgesic. According to CA MTUS guidelines, "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 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, continuing review of the overall situation with regard to non-opioid 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." The records provided do not provide a documentation of response in regards to pain control and objective functional improvement to opioid analgesic for this patient. Any evidence that patient is having a pain diary is not specified in the records provided. Response to lower potency opioids like tramadol is not specified in the records provided. Response to lower dose of norco is also not specified in the records provided. Response to other medications for chronic pain including antidepressants and anticonvulsants is not specified in the records provided. With this, it is deemed that this patient does not meet criteria for ongoing use of opioids analgesic. The medical necessity of Norco 10/325mg #180 is not established for this patient at this time.