

<b>Case Number:</b>	CM15-0009170		
<b>Date Assigned:</b>	01/27/2015	<b>Date of Injury:</b>	03/03/2009
<b>Decision Date:</b>	03/17/2015	<b>UR Denial Date:</b>	12/12/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/15/2015

### 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, Ohio, California  
 Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

### 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 52 year old male, who sustained an industrial injury on March 3, 2009. The diagnoses have included insomnia and left lower extremity radiculopathy. Treatment to date has included electromyogram and nerve conduction study of lower extremities. Currently, the injured worker complains of low back pain with radiating to left lateral leg. On December 11, 2014 Utilization Review non-certified a methadone 5mg quantity 60 with 5 refills and Norco 5/325mg quantity 90 with 5 refills noting, Medical Treatment Utilization Schedule Guidelines and Official Disability Guidelines was cited. On December 5, 2014, the injured worker submitted an application for IMR for review of methadone 5mg quantity 60 with 5 refills, and Norco 5/325mg quantity 90 with 5 refills.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Methadone 5mg #60 with 5 refills:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use of opioids Page(s): 76-80. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Chapter, Opioids, dosing

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines When to Continue Opioids Page(s): 80.

**Decision rationale:** The applicant is a represented 52-year-old [REDACTED] employee who has filed a claim for chronic low back pain reportedly associated with an industrial injury of March 3, 2009. In a Utilization Review Report dated December 11, 2014, the claims administrator failed to approve a request for Norco and methadone. The claims administrator referenced a November 18, 2014 progress note in its determination. The claims administrator contended that the applicant had failed to profit from earlier opioid usage. The applicant's attorney subsequently appealed. On December 2, 2014, the applicant received various procedures, including SI joint injections, trigger point injections, and an epidural steroid injection. In a handwritten progress note dated May 5, 2014, the applicant again received trigger point injections. It was suggested that the applicant pursue a spinal cord stimulator trial. Large portions of the progress note were handwritten, difficult to follow, and not entirely legible. The applicant was placed off of work, on total temporary disability, for 45 days. Naprosyn, Robaxin, Neurontin, Elavil, and Zantac were renewed. On October 21, 2014, the applicant was asked to pursue three consecutive epidural steroid injections. Various medications, including methadone, omeprazole, baclofen, and Norco were renewed. The applicant's work status was not outlined on this occasion. In an earlier note dated September 26, 2014, however, the applicant was placed off of work, on total temporary disability. On December 5, 2014, methadone and Norco were refilled via an RFA form. Little-to-no narrative commentary was attached. REFERRAL QUESTIONS: 1. Decision for methadone 5 mg #60 with five refills: No, the request for methadone, a long-acting opioid, was not medically necessary, medically appropriate, or indicated here. As noted on page 80 of the MTUS Chronic Pain Medical Treatment Guidelines, the cardinal criteria for continuation of opioid therapy include evidence of successful return to work, improved functioning, and reduced pain achieved as a result of the same. Here, the applicant was/is off of work, on total temporary disability, despite ongoing usage of methadone. The attending provider's handwritten progress notes failed to outline any quantifiable decrements in pain or material improvements in function effected as a result of ongoing methadone usage. Therefore, the request was not medically necessary.

**Norco 5/325mg #90 with 5 refills:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use of Opioids Page(s): 76-80. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Chapter, Opioids, dosing

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines When to Continue Opioids Page(s): 80.

**Decision rationale:** Similarly, the request for Norco, a short-acting opioid, was likewise not medically necessary, medically appropriate, or indicated here. As noted on page 80 of the MTUS Chronic Pain Medical Treatment Guidelines, the cardinal criteria for continuation of opioid therapy include evidence of successful return to work, improved functioning, and/or reduced

pain achieved as a result of the same. Here, the applicant was/is off of work, on total temporary disability, despite ongoing Norco usage. The attending provider's handwritten progress notes were sparse, thinly developed, difficult to follow, and failed to outline any quantifiable decrements in pain or material improvements in function effected as a result of ongoing Norco usage (if any). Therefore, the request was not medically necessary.