

<b>Case Number:</b>	CM15-0103353		
<b>Date Assigned:</b>	06/05/2015	<b>Date of Injury:</b>	10/23/2008
<b>Decision Date:</b>	07/07/2015	<b>UR Denial Date:</b>	05/09/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/29/2015

### 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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

### 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 46 year old male, who sustained an industrial injury on 10/23/2008. Diagnoses include lumbalgia. Treatment to date has included diagnostics, surgical intervention, injections and medications including Cialis, ibuprofen, Methadone, Norco, Butrans patch and Omeprazole. Per the Primary Treating Physician's Progress Report dated 5/16/2015, the injured worker reported back pain, low back pain and lumbar complaints rated as 3-4/10. Physical examination revealed an antalgic gait. Lumbosacral exam reveals no pain with Valsalva, positive FABER maneuver bilaterally, pain to palpation over the L4 to L5 to S1 hardware heads bilaterally, pain with rotational extension indicative of hardware pain and secondary myofascial pain with triggering, ropey fibrotic banding and spasm. The plan of care included medications and authorization was requested for Norco 10/325mg #60 and Methadone 10mg #30.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Norco 10/325mg #180:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 78.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines (1) Opioids, criteria for use, p 76-80 (2) Opioids, dosing, p 86 Page(s): 76-80, 86.

**Decision rationale:** The claimant sustained a work injury in October 2008 and continues to be treated for chronic back pain. When seen, pain was rated at 3-4/10. The assessment references an overall 70% improvement in pain with dosing at the lowest effective level. It references poor functional capacity without use of medications. Physical examination findings included an antalgic gait and slightly decreased lower extremity strength. There was pain with spinal extension with myofascial pain and trigger points. Fabere testing was positive bilaterally. The claimant's BMI was 32. Medications included Norco and methadone being prescribed at a total MED (morphine equivalent dose) of 140 mg per day. When seen in August 2014, pain was also rated at 3/10. He was doing extremely well with the medications being prescribed at that time in combination with a home exercise program. Opioid medications prescribed were Butrans and Norco at a total MED of only 80 mg per day. Guidelines recommend against opioid dosing is in excess of 120 mg oral morphine equivalents per day. In this case, the total MED being prescribed is more than that recommended. Additionally, analgesia at least as effective with a lower MED is documented and there is no new interim injury or apparent change in his condition. Therefore, ongoing prescribing of Norco at this dose is not medically necessary. (1) Opioids, criteria for use, p 76-80 (2) Opioids, dosing, p 86.

**Methadone 10mg #60:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines (1) Opioids, criteria for use, p 76-80 (2) Opioids, dosing, p 86 Page(s): 76-80, 86.

**Decision rationale:** The claimant sustained a work injury in October 2008 and continues to be treated for chronic back pain. When seen, pain was rated at 3-4/10. The assessment references an overall 70% improvement in pain with dosing at the lowest effective level. It references poor functional capacity without use of medications. Physical examination findings included an antalgic gait and slightly decreased lower extremity strength. There was pain with spinal extension with myofascial pain and trigger points. Fabere testing was positive bilaterally. The claimant's BMI was 32. Medications included Norco and methadone being prescribed at a total MED (morphine equivalent dose) of 140 mg per day. When seen in August 2014, pain was also rated at 3/10. He was doing extremely well with the medications being prescribed at that time in combination with a home exercise program. Opioid medications prescribed were Butrans and Norco at a total MED of only 80 mg per day. Guidelines recommend against opioid dosing is in excess of 120 mg oral morphine equivalents per day. In this case, the total MED being prescribed is more than that recommended. Additionally, analgesia at least as effective with a lower MED is documented and there is no new interim injury or apparent change in his condition. Therefore, ongoing prescribing of methadone at this dose is not medically necessary.

