

<b>Case Number:</b>	CM15-0106088		
<b>Date Assigned:</b>	06/10/2015	<b>Date of Injury:</b>	09/17/2002
<b>Decision Date:</b>	07/14/2015	<b>UR Denial Date:</b>	05/06/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/02/2015

### 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: California

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 09/17/2002. He has reported injury to the low back. The diagnoses have included lumbago; lumbar radiculitis; and sciatica. Treatment to date has included medications, diagnostics, lumbar epidural injections, TENS (transcutaneous electrical nerve stimulation) unit, chiropractic therapy, and physical therapy. Medications have included Norco, Motrin, Methadone, and Lunesta. A progress report from the treating provider, dated 04/14/2015, documented an evaluation with the injured worker. Currently, the injured worker complains of ongoing lower back pain; at times the pain goes down the left leg which has greatly increased with recent lumbar epidural; pain is rated at 5/10 on the visual analog scale, with medications; persistent problems with insomnia; and he is stable with his current medication schedule. Objective findings included tenderness of the lumbar spine; tenderness at the facet joints; decreased flexion; decreased extension; and decreased lateral bending. The treatment plan has included the request for Methadone 10mg #75 and Norco 10/325mg #180.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Methadone 10mg #75:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints, Chronic Pain Treatment Guidelines Criteria for use of opioids.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioid Page(s): 75-80.

**Decision rationale:** Regarding the request for methadone, Chronic Pain Medical Treatment Guidelines state methadone is recommended as a second-line drug for moderate to severe pain if the potential benefit outweighs the risk. Within the documentation available for review, methadone is being prescribed as part of a pain treatment along with hydrocodone/APAP and oral motrin. However, there is no documentation identifying that methadone is being prescribed as a second-line drug and the potential benefit outweighs the risk. Furthermore, there is a recent urine drug screen on 4/14/2015 showing inconsistent use with hydromorphone that is not prescribed by the provider, and this has not been addressed. As such, the currently requested methadone is not medically necessary. Opioids should not be abruptly discontinued, but unfortunately, there is no provision to modify the current request to allow tapering.

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

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints, Chronic Pain Treatment Guidelines Criteria for use of opioids.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 75-80.

**Decision rationale:** Regarding the request for Norco (hydrocodone/acetaminophen), Chronic Pain Medical Treatment Guidelines state that Norco is an opiate pain medication. Due to high abuse potential, close follow-up is recommended with documentation of analgesic effect, objective functional improvement, side effects, and discussion regarding any aberrant use. Guidelines go on to recommend discontinuing opioids if there is no documentation of improved function and pain. Within the documentation available for review, the patient's pain level is 5/10, however, it is unclear if there is any pain relief as a result of use of Norco. Furthermore, there is no indication that the medication is improving the patient's function, no documentation regarding side effects, and no discussion regarding aberrant use. There is a recent urine drug screen on 4/14/2015 showing inconsistent use with hydromorphone that is not prescribed by the provider, and this has not been addressed. As such, there is no clear indication for ongoing use of the medication. Opioids should not be abruptly discontinued, but unfortunately, there is no provision to modify the current request to allow tapering. In light of the above issues, the currently requested Norco (hydrocodone/acetaminophen) is not medically necessary.