

<b>Case Number:</b>	CM15-0131980		
<b>Date Assigned:</b>	07/20/2015	<b>Date of Injury:</b>	12/03/2010
<b>Decision Date:</b>	08/20/2015	<b>UR Denial Date:</b>	06/30/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/08/2015

### 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: New York  
 Certification(s)/Specialty: Emergency 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 40 year old female, who sustained an industrial injury on 12/3/10. She reported left neck pain, left shoulder pain, hip pain and lower back pain after striking a bar on a bus when the driver swerved to avoid an accident. The injured worker was diagnosed as having idiopathic generalized epilepsy, chronic disc degeneration and chronic pain syndrome. Treatment to date has included, oral medications including Hydrocodone-APAP, Amitriptyline, Diastat, Lorazepam; topical medications including Flector patch and Lidoderm patch; sacroiliac injections and activity restrictions. Currently on 6/18/15, the injured worker presents for refill of her chronic pain medications and to discuss her recent visit to the epilepsy center. Objective findings on 6/18/15 revealed the injured worker remains postictal from a recent severe seizure and she has nystagmus which developed following her seizure. A time delay was noted between questions and answers. Physical exam performed on 6/16/15 noted extremities without pain and fluent speech without difficulties with concentration, language or memory for recent events. A request for authorization was submitted on 6/18/15 for Methadone 5mg #90 and Hydrocodone 10/325mg #120.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Methadone 5mg quantity 90: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Methadone, Opioids Page(s): 61-62, 74-96.

**Decision rationale:** According to CA MTUS guidelines, "Methadone is recommended as a second-line drug for moderate to severe pain, only 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." Guidelines further state, multiple potential drug-drug interactions can occur with the use of Methadone. This drug should be reserved for use by experienced practitioners, including pain medicine or addiction specialists. Methadone is considered useful for treatment when there is evidence of tolerance to other opiate agonists or when there is evidence of intractable side effects due to opiates. In this case, the patient has constant neck, upper back, and arm pain; headaches occur daily. This IW is prescribed more than one opiate medication. There is no indication as to why this patient requires Hydrocodone, in addition to Methadone. There is no documentation of CA MTUS opioid compliance guidelines including a risk assessment profile, updated urine drug testing, or an updated and signed pain contract between the provider and the patient. It is unclear how long the injured worker has utilized Methadone; however hydrocodone has been used for at least 12 months. Methadone had been documented as used in 2013, but there is no documentation of objective functional benefit with prior medication use. The current request does not include dosing or frequency. Medical necessity of the requested medication has not been established. The requested medication is not medically necessary.

**Hydrocodone 10/325mg quantity 120:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-96.

**Decision rationale:** According to CA MTUS, hydrocodone is a short-acting opioid analgesic. Opioid drugs are available in various dosage forms and strengths. These medications are generally classified according to potency and duration of dosage. The treatment of chronic pain with any opioid analgesic requires review and documentation of pain relief, functional status, appropriate medication use, and side effects. A pain assessment should include current pain, intensity of pain after taking the opiate, and the duration of pain relief. In this case, there is no documentation of the medication's pain relief effectiveness, functional status, or response to ongoing opioid analgesic therapy. In addition, guidelines necessitate documentation that the prescriptions are from a single practitioner and taken as directed. This was not documented in the records. Length of time the injured worker had utilized Hydrocodone is unclear, however; there is documentation of use dating back to 2012 and work status is unknown. Records do not

report functional benefits from specific medication use or drug testing results. The request does not include frequency or dosing. Medical necessity of the requested item has not been established. The request for retrospective Hydrocodone is not medically necessary.