

Case Number:	CM15-0139000		
Date Assigned:	07/28/2015	Date of Injury:	03/28/2001
Decision Date:	08/25/2015	UR Denial Date:	06/25/2015
Priority:	Standard	Application Received:	07/17/2015

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 60-year-old male, who sustained an industrial injury on 3/28/01. The injured worker was diagnosed as having chronic pain syndrome, spinal cord injury, and lumbar post-laminectomy syndrome. Treatment to date has included medication. On 4/2/15 and 6/17/15, pain was rated as 10/10 without medication and 5/10 with medication. The injured worker had been taking Hydrocodone/Acetaminophen since at least 2/5/15 and Methadone since at least 6/17/15. Currently, the injured worker complains of back pain with numbness, tingling, and weakness. The treating physician requested authorization for Methadone 5mg #15 and Hydrocodone/Acetaminophen 5/325mg #90.

IMR ISSUES, DECISIONS AND RATIONALES

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

Methadone tablets 5mg #15: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines (1) Opioids, criteria for use, pages 76-80, 86.

Decision rationale: The claimant has a remote history of a work injury occurring in March 2001 and continues to be treated for chronic pain including a diagnosis of post laminectomy syndrome. Treatment has included a spinal cord stimulator. Medications are referenced as decreasing pain from 10/10 to 5/10. When seen, methadone had been prescribed when the claimant had been unable to obtain Norco. Physical examination findings included an antalgic gait with use of a cane. There was lumbar paraspinal and iliolumbar tenderness with decreased range of motion and pain with extension. Methadone was prescribed at a dose of 2.5 mg every day. Norco 5/325 mg #90 had previously been prescribed. Guidelines indicate that when an injured worker has reached a permanent and stationary status or maximal medical improvement, that does not mean that they are no longer entitled to future medical care. When prescribing controlled substances for pain, satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. Methadone is a sustained release opioid used for treating baseline pain. In this case, it was being prescribed as part of the claimant's ongoing management when he was unable to obtain Norco. There were no identified issues of abuse or addiction and medications were providing decreased pain. The total MED was less than 120 mg per day consistent with guideline recommendations. Although methadone dosing for pain is every 6 - 8 hours and in this case it was being prescribed one time per day, the low dose being prescribed is not available in a formulation that would readily allow for at least three divided daily doses. Therefore, continued prescribing is medically necessary.

Hydrocodone/Acetaminophen tablets 5/325mg #90: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines (1) Opioids, criteria for use, pages 76-80, 86.

Decision rationale: The claimant has a remote history of a work injury occurring in March 2001 and continues to be treated for chronic pain including a diagnosis of post laminectomy syndrome. Treatment has included a spinal cord stimulator. Medications are referenced as decreasing pain from 10/10 to 5/10. When seen, methadone had been prescribed when the claimant had been unable to obtain Norco. Physical examination findings included an antalgic gait with use of a cane. There was lumbar paraspinal and iliolumbar tenderness with decreased range of motion and pain with extension. Methadone was prescribed at a dose of 2.5 mg every day. Norco 5/325 mg #90 had previously been prescribed. Guidelines indicate that when an injured worker has reached a permanent and stationary status or maximal medical improvement, that does not mean that they are no longer entitled to future medical care. When prescribing controlled substances for pain, satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. Norco (hydrocodone/acetaminophen) is a short acting combination opioid often used for intermittent or breakthrough pain. In this case, it is being prescribed as part of the claimant's ongoing management. There are no identified issues of abuse or addiction and medications are providing decreased pain. The total MED is less than 120 mg per day consistent with guideline recommendations. Continued prescribing is medically necessary.

