

<b>Case Number:</b>	CM15-0139370		
<b>Date Assigned:</b>	07/29/2015	<b>Date of Injury:</b>	08/03/1988
<b>Decision Date:</b>	08/27/2015	<b>UR Denial Date:</b>	06/19/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	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: 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 (IW) is a 70 year old male who sustained an industrial injury on 08/03/1988. The initial mechanism and report of injury is not found in the records reviewed. The injured worker was diagnosed as having lumbago and degenerative disc disease. Treatment to date has included medications. Currently, the injured worker presents for a medication renewal. His pain is rated as a 7 (no notation of at what point it is -before or after meds or as an average). He states standing bothers him. He can work 20 minutes, then off 15 minutes. Cannot use a shovel, and his feet feel calloused but sensitive in certain areas. On exam he is noted that his pain varies with walking but resolves in 10 minutes at rest. His back pain is described as stable and chronic. He has pain on bending, is slow to catch his balance, and his sensation is intact, with a decrease on the plantar and dorsum of his foot. The plan of care included lab work and a renew of the Methadone and Norco with follow-up in 3 months. A request for authorization was made for the following: 1. Methadone 10mg #180. 2. 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 #180:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Section, Weaning of Medications Section Page(s): 74-95, 124.

**Decision rationale:** The MTUS Guidelines do not recommend the use of opioid pain medications, in general, for the management of chronic pain. There is guidance for the rare instance where opioids are needed in maintenance therapy, but the emphasis should remain on non-opioid pain medications and active therapy. Long-term use may be appropriate if the patient is showing measurable functional improvement and reduction in pain in the absence of non-compliance. Functional improvement is defined by either significant improvement in activities of daily living or a reduction in work restriction as measured during the history and physical exam. The injured worker has been taking Methadone for an extended period without objective documentation of functional improvement or significant decrease in pain. Additionally, there are no urine drug screens available to assess compliance and no opioid agreement on file. A prior review suspended the use of Methadone until those documents were provided for review. It is not recommended to discontinue opioid treatment abruptly, as weaning of medications is necessary to avoid withdrawal symptoms when opioids have been used chronically. This request however is not for a weaning treatment, but to continue treatment. The request for Methadone 10mg #180 is determined to not be medically necessary.

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

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Section, Weaning of Medications Section Page(s): 74-95, 124.

**Decision rationale:** The MTUS Guidelines do not recommend the use of opioid pain medications, in general, for the management of chronic pain. There is guidance for the rare instance where opioids are needed in maintenance therapy, but the emphasis should remain on non-opioid pain medications and active therapy. Long-term use may be appropriate if the patient is showing measurable functional improvement and reduction in pain in the absence of non-compliance. Functional improvement is defined by either significant improvement in activities of daily living or a reduction in work restriction as measured during the history and physical exam. The injured worker has been taking Norco for an extended period without objective documentation of functional improvement or significant decrease in pain. It is not recommended to discontinue opioid treatment abruptly, as weaning of medications is necessary to avoid withdrawal symptoms when opioids have been used chronically. This request however is not for a weaning treatment, but to continue treatment. The request for Norco 10/325mg #180 is determined to not be medically necessary.

