

<b>Case Number:</b>	CM15-0145152		
<b>Date Assigned:</b>	08/06/2015	<b>Date of Injury:</b>	03/28/2005
<b>Decision Date:</b>	09/25/2015	<b>UR Denial Date:</b>	07/15/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/27/2015

### 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, Hawaii  
 Certification(s)/Specialty: Physical Medicine & Rehabilitation

### 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 44 year old male, who sustained an industrial injury on 03-28-2005. The injured worker is currently disabled. The injured worker is currently diagnosed as having status post lumbar fusion, status post right arm amputation for osteosarcoma, chronic low back pain, lumbar radiculitis, right sacroiliac joint pain with nonunion of right sacroiliac joint fusion, and high opiate tolerance. Treatment and diagnostics to date has included multiple spinal surgeries, lumbosacral x-rays dated 01-21-2015 which showed postoperative changes with no acute finding, lumbar spine MRI dated 10-31-2013 which showed status post lower lumbar spine hardware removal with expected postsurgical change and evidence of central canal stenosis or neural foraminal narrowing, physical therapy, and use of medications. In a progress note dated 06-30-2015, the injured worker presented for a follow up of his chronic pain and for medication refills. Objective findings included tenderness to palpation over the sacroiliac joints and forearm amputation on the right. The treating physician reported requesting authorization for Norco and Methadone.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Norco 10/325mg #300:** 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:** The patient presents with diagnoses include status post lumbar fusion, status post right arm amputation for osteosarcoma, chronic low back pain, lumbar radiculitis, right sacroiliac joint pain with nonunion of right sacroiliac joint fusion, and high opiate tolerance. The patient currently complains of chronic pain. The current request is for Norco 10/325mg, quantity 300. The treating physician states in the treating report dated 6/30/15 (5/19/15), "Current Medications: Norco 10/325mg 1-2 q 4-6h PRN max 10 mg per day #300 - Plan: I will refill his medications unchanged." For chronic opiate use, MTUS Guidelines pages 88 and 89 states, "Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." MTUS page 78 also requires documentation of the 4As (analgesia, ADLs, adverse side effects, and aberrant behavior), as well as "pain assessment" or outcome measures that include current pain, average pain, least pain, intensity of pain after taking the opioid, time it takes for medication to work and duration of pain relief. In this case, there is no discussion regarding analgesia, ADLs, adverse side effects or aberrant behaviors. Additionally, there is no documentation of a pain assessment or outcome measures that include current pain, average pain, least pain, intensity of pain after taking the opioid, time it takes for medication to work and duration of pain relief. MTUS guidelines require much more thorough documentation for ongoing opioid usage. The current request is not medically necessary and the patient should be slowly weaned per MTUS guidelines.

**Methadone 10mg #60:** 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:** The patient presents with diagnoses include status post lumbar fusion, status post right arm amputation for osteosarcoma, chronic low back pain, lumbar radiculitis, right sacroiliac joint pain with nonunion of right sacroiliac joint fusion, and high opiate tolerance. The patient currently complains of chronic pain. The current request is for Methadone 10mg, quantity 60. The treating physician states in the treating report dated 6/30/15 (5/19/15), "Current Medications: Methadone 10 mg 1-2 q hs #60 - Plan: I will refill his medications unchanged." For chronic opiate use, MTUS Guidelines pages 88 and 89 states, "Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." MTUS page 78 also requires documentation of the 4As (analgesia, ADLs, adverse side effects, and aberrant behavior), as well as "pain assessment" or outcome measures that include current pain, average pain, least pain, intensity of pain after taking the opioid, time it takes for medication to work and duration of pain relief. In this case there is no discussion regarding analgesia, ADLs, adverse side effects or aberrant behaviors. Additionally, there is no

documentation of a pain assessment or outcome measures that include current pain, average pain, least pain, intensity of pain after taking the opioid, time it takes for medication to work and duration of pain relief. MTUS guidelines require much more thorough documentation for ongoing opioid usage. The current request is not medically necessary and the patient should be slowly weaned per MTUS guidelines.