

<b>Case Number:</b>	CM15-0180227		
<b>Date Assigned:</b>	09/22/2015	<b>Date of Injury:</b>	08/17/1998
<b>Decision Date:</b>	10/26/2015	<b>UR Denial Date:</b>	08/14/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/14/2015

### 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: Arizona, California  
 Certification(s)/Specialty: Family Practice

### 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 67 year old female who sustained an industrial injury on 8-17-98. Diagnoses included lumbar spine pain; degenerative disc disease; facet arthritis multiple levels. He currently (8-4-15) complains of low back pain radiating to the right lower extremity and occasionally left lower extremity. On physical exam of the lumbar spine there were increased spasms, decreased range of motion, positive straight leg raise right greater than left. Per the 6-29-15 progress note the injured worker's pain level was 4-5 out of 10 with medication and 8-9 out of 10 without medication. It also indicated that analgesia was "working fairly well; activities of daily living: fair to poor; adverse side effects: none; aberrant drug taking behaviors: none". Her symptoms were consistent from 3-2-15 through 8-4-15 progress notes. Treatments to date include medications: Norco, Valium, Celebrex, omeprazole, Rozerum. In the 8-4-15 progress notes the provider's plan of care included Norco 10-325mg #120; methadone 10mg #60; Celebrex 200mg #30. The request for authorization dated 8-4-15 indicated Norco 10-325mg #120; methadone 10 mg #60 for chronic pain; Celebrex 200mg #30 for pain and inflammation. On 8-14-15 utilization review evaluated and modified the requests for Norco 10-325mg #120 to #60 based on no identifiable measurable analgesic benefit, no functional benefit, no urine drug screen, no signed opiate agreement; methadone 200mg #60 modified to #30 based on no identifiable measurable analgesic benefit, no functional benefit, no urine drug screen, no signed opiate agreement.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Norco 10/325 MG #120:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids for chronic pain, Opioids for neuropathic pain.

**Decision rationale:** Norco is a short acting opioid used for breakthrough pain. According to the MTUS guidelines, it is not indicated as 1st line therapy for neuropathic pain, and chronic back pain. It is not indicated for mechanical or compressive etiologies. It is recommended for a trial basis for short-term use. Long Term-use has not been supported by any trials. In this case, the claimant had been on Norco for several months along with Methadone, NSAIDS and Benzodiazepines. There was no mention of Tylenol, NSAID, Tricyclic or weaning failure. Addiction or detoxification was not noted to indicate need to combine Methadone. The continued use of Norco is not medically necessary.

**Methadone 10 #60:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Methadone.

**Decision rationale:** According to the guidelines, Methadone is recommended as a second-line drug for moderate to severe pain if the potential benefit outweighs the risk. It is only FDA-approved for detoxification and maintenance of narcotic addiction. In this case, there is no indication of need for detoxification or narcotic addiction. The claimant remained on Norco along with Methadone for several months. There was no mention of failure of alternative medications. As a result, continued and long-term use of Methadone is not medically necessary.