

Case Number:	CM15-0180917		
Date Assigned:	09/22/2015	Date of Injury:	09/12/2002
Decision Date:	11/03/2015	UR Denial Date:	08/19/2015
Priority:	Standard	Application Received:	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: California

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 55 year old female, who sustained an industrial injury on September 12, 2002. The initial symptoms reported by the injured worker are unknown. The injured worker was recently diagnosed as having chronic pain syndrome and lumbar post-laminectomy syndrome. Treatment to date has included spinal cord stimulator, diagnostic studies, epidural steroid injection and medications. On August 17, 2015, the injured worker complained of improving low back pain with bilateral lower extremity radiation to right and left buttock. She also reported muscle aches and joint pain. The pain was rated as a 4 on a 1-10 pain scale with medications and as a 7 on the pain scale without medications. Her medications allow her to walk 90 minutes rather than 10 minutes and clean the dishes. Notes stated that she finds Norco more effective than Percocet. On the day of exam, her current medications included hydrocodone-acetaminophen, ibuprofen, methadone and Percocet. Treatment recommendations included continuing methadone and switching back to Norco instead of Percocet. On August 19, 2015, utilization review denied a request for two prescriptions for Methadone 5mg #90 and two prescriptions for hydrocodone 10mg-acetaminophen 325mg #120.

IMR ISSUES, DECISIONS AND RATIONALES

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

2 prescriptions for Methadone 5 mg, #90: Overturned

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): Medications for chronic pain, Opioids, criteria for use, Opioids for chronic pain.

Decision rationale: The patient presents on 08/17/15 with lower back and leg pain rated 4/10 with medications, 7/10 without. The patient's date of injury is 09/12/02. Patient is status post lumbar laminectomy and spinal cord stimulator implantation at a date unspecified. The request is for 2 prescriptions for Methadone 5MG #90. The RFA is dated 08/17/15. Physical examination dated 08/17/15 reveals tenderness to palpation of the paraspinal musculature at the L3 level, and tenderness of the bilateral SI joints. The patient is currently prescribed Norco, Ibuprofen, Methadone, and Percocet. Patient's current work status is not provided. MTUS, criteria for use of opioids section, 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, criteria for use of opioids section, page 78 also requires documentation of the 4As (analgesia, ADLs, adverse side effects, and adverse 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. MTUS, criteria for use of opioids section, p77, states that "function should include social, physical, psychological, daily and work activities, and should be performed using a validated instrument or numerical rating scale." MTUS, medications for chronic pain section, page 60 states that "Relief of pain with the use of medications is generally temporary, and measures of the lasting benefit from this modality should include evaluating the effect of pain relief in relationship to improvements in function and increased activity." In regard to Methadone for the management of this patient's chronic pain, the request is appropriate. Progress note dated 08/17/15 notes that this patient's medications reduce her pain from 7/10 to 4/10. Addressing functional improvements, the provider states that "medications allow her to walk 90 mins rather than 10 mins without, clean the dishes." There is evidence in the records provided that this patient's urine toxicology screenings to date have been consistent with prescribed medications, and the provider specifically addresses a lack of aberrant behaviors in the most recent progress note. Utilization review non-certified this request on grounds that functional improvements have not been demonstrated, however the documentation provided satisfies MTUS guideline requirements of analgesia via a validated scale, activity-specific functional improvements, consisted urine drug screening, and a lack of aberrant behavior. Given this patient's presentation, surgical history, and the adequate 4A's documentation as required by MTUS, continuation of narcotic medications is substantiated. The request is medically necessary.

2 prescriptions for Hydrocodone 10 mg-acetaminophen 325 mg, #120: Overturned

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): Medications for chronic pain, Opioids, criteria for use, Opioids for chronic pain.

Decision rationale: The patient presents on 08/17/15 with lower back and leg pain rated 4/10 with medications, 7/10 without. The patient's date of injury is 09/12/02. Patient is status post lumbar laminectomy and spinal cord stimulator implantation at a date unspecified. The request is for 2 prescriptions for Hydrocodone 10MG-Acetaminophen 325MG, #120. The RFA is dated 08/17/15. Physical examination dated 08/17/15 reveals tenderness to palpation of the paraspinal musculature at the L3 level, and tenderness of the bilateral SI joints. The patient is currently prescribed Norco, Ibuprofen, Methadone, and Percocet. Patient's current work status is not provided. MTUS, criteria for use of opioids section, 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, criteria for use of opioids section, page 78 also requires documentation of the 4As (analgesia, ADLs, adverse side effects, and adverse 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. MTUS, criteria for use of opioids section, p77, states that "function should include social, physical, psychological, daily and work activities, and should be performed using a validated instrument or numerical rating scale." MTUS, medications for chronic pain section, page 60 states that "Relief of pain with the use of medications is generally temporary, and measures of the lasting benefit from this modality should include evaluating the effect of pain relief in relationship to improvements in function and increased activity." In regard to Norco for the management of this patient's chronic pain, the request is appropriate. Progress note dated 08/17/15 notes that this patient's medications reduce her pain from 7/10 to 4/10. Addressing functional improvements, the provider states that "medications allow her to walk 90 mins rather than 10 mins without, clean the dishes." There is evidence in the records provided that this patient's urine toxicology screenings to date have been consistent with prescribed medications, and the provider specifically addresses a lack of aberrant behaviors in the most recent progress note. Utilization review non-certified this request on grounds that functional improvements have not been demonstrated, however the documentation provided satisfies MTUS guideline requirements of analgesia via a validated scale, activity-specific functional improvements, consisted urine drug screening, and a lack of aberrant behavior. Given this patient's presentation, surgical history, and the adequate 4A's documentation as required by MTUS, continuation of narcotic medications is substantiated. The request is medically necessary.