

<b>Case Number:</b>	CM15-0181550		
<b>Date Assigned:</b>	09/22/2015	<b>Date of Injury:</b>	02/13/2001
<b>Decision Date:</b>	11/03/2015	<b>UR Denial Date:</b>	08/19/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/15/2015

### 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: Texas, New York, 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 applicant is a represented 73-year-old who has filed a claim for chronic low back pain (LBP) reportedly associated with an industrial injury of February 13, 2001. In a Utilization Review report dated August 19, 2015, the claims administrator failed to approve a request for Norco and methadone. The claims administrator referenced an August 12, 2015 office visit in its determination. The applicant's attorney subsequently appealed. On said August 12, 2015 office visit, the applicant reported ongoing complaints of shoulder pain, wrist pain, neck pain, and low back status post earlier failed lumbar spine surgery. It was reported that the applicant was using marijuana, it was reported in social history section of the note. The applicant reported highly variable 5 to 8/10 pain complaints and acknowledged that activities as basic as standing and walking remain problematic. The applicant's BMI was 31, it was reported. Multiple medications, including Norco, Soma, and methadone were renewed. The attending provider contended that these were allowing the applicant to perform unspecified activities of daily living, but did not elaborate further. The applicant's permanent work restrictions were renewed. It was not clearly stated whether the applicant was or was not working with said limitations in place, although this did not appear to be the case.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Hydrocodone/Acetaminophen 10/325mg, #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, criteria for use.

**Decision rationale:** No, the request for hydrocodone-acetaminophen (Norco), was not medically necessary, medically appropriate, or indicated here. As noted on page 79 of the MTUS Chronic Pain Medical Treatment Guidelines, immediate discontinuation of opioids is recommended in applicants who are engaged in evidence of illicit substance usage. Here, the attending provider's August 12, 2015 office visit suggested that that applicant was in fact concurrently Norco, an opioid agent with marijuana, an illicit substance. Discontinuation of opioid therapy with Norco (hydrocodone-acetaminophen) thus, represented more appropriate than continuation of the same. Therefore, the request is not medically necessary.

**Methadone HCL 5mg, #90: 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, criteria for use.

**Decision rationale:** Similarly, the request for methadone, a long-acting opioid, was likewise not medically necessary, medically appropriate, or indicated here. As noted on page 79 of the MTUS Chronic Pain Medical Treatment Guidelines, immediate discontinuation of opioid has been suggested for applicants who are engaged in evidence of illicit substance usage. Here, the applicant was concurrently using methadone, an opioid agent, with marijuana, an illicit substance, it was acknowledged on August 12, 2015. Discontinuation of opioid therapy of methadone seemingly represented a more appropriate option than continuation of the same, per page 79 of the MTUS Chronic Pain Medical Treatment Guidelines. The applicant, furthermore, seemingly failed to meet criteria set forth on page 80 of the MTUS Chronic Pain Medical Treatment Guidelines for continuation of opioid therapy, which include evidence of successful return to work, improved functioning, and/or reduced pain achieved as a result of the same. Here, however, it was suggested (but not clearly stated) the applicant was not working with permanent limitations in place as of August 12, 2015. While the attending provider stated that the applicant's medications were beneficial, the attending provider failed to outline quantifiable decrements in pain or meaningful, material improvements in function (if any) effected as a result of ongoing methadone usage. Therefore, the request is not medically necessary.