

<b>Case Number:</b>	CM15-0184388		
<b>Date Assigned:</b>	09/24/2015	<b>Date of Injury:</b>	03/11/1993
<b>Decision Date:</b>	11/06/2015	<b>UR Denial Date:</b>	09/03/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/18/2015

### 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 62 year old male, who sustained an industrial injury on March 11, 1993, incurring low back injuries. He had a history of neck injuries in 1988, and back injuries in 1989, treated with physical therapy and pain medications. He was awarded 34% permanent disability in 1990. He was diagnosed with lumbar degenerative disc disease and lumbar radiculopathy. The injured worker had been prescribed pain medications since his first injury in 1988. Treatment included physical therapy and home exercise program, with chiropractic sessions for eight months. Other treatment included anti-inflammatory drugs, pain medications, muscle relaxants, and antidepressants, lumbar epidural steroid injection. In 1996, the injured worker underwent lumbar micro discectomy surgery and in 1997 a lumbar surgical fusion. Currently, the injured worker complained of persistent low back pain radiating to the right buttock, leg and knee with numbness into the ankles and feet. He noted reduced strength and limited range of motion of the lower extremities. The chronic pain of his lumbar region interfered with the injured worker activities of daily living. He continued with narcotic medications for pain relief. The treatment plan that was requested for authorization September 18, 2015, included prescriptions for Methadone 10mg #90 and Dilaudid 4mg #180. On September 3, 2015, a request for prescriptions for Methadone 10mg #90 was modified to quantity #60 and a prescription for Dilaudid 4mg #180 was modified to quantity #113.

## IMR ISSUES, DECISIONS AND RATIONALES

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

### **Methadone 10mg #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 62 year old patient complains of lower back pain, right leg pain, and bilateral buttock pain, rated at 7-8/10, as per progress report dated 08/27/15. The request is for Methadone 10mg #90. The RFA for this case is dated 08/27/15, and the patient's date of injury is 03/11/93. Diagnoses, as per progress report dated 08/27/15, included failed back syndrome and lumbar degenerative disc disease. The patient is not working, as per the same progress report. 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 this case, the request is for Methadone. It is not clear when the opioid medications were initiated. As per progress report dated 08/27/15, the patient tolerates the medications well without any side effects. The report states that medications help 80%. In the same report, the treater states oral pain medications allow 50% improvement in functionality with ADLs' such as walking, standing and sitting. The patient can walk half block and sit and stand for 15 minutes, as per the report. As per progress report dated 07/01/15, medications help reduce pain from 7-8/10 to 2/10. CURES report is consistent, as per progress report dated 05/07/15. UDS, dated 02/17/15, is also consistent, as per progress report dated 03/17/15. Given the clear discussion regarding the 4As, including analgesia, ADLs, adverse side effects, and aberrant behavior, as required by MTUS for continued opioid use, the request is medically necessary.

### **Dilaudid 4mg #180:** 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 62 year old patient complains of lower back pain, right leg pain, and bilateral buttock pain, rated at 7-8/10, as per progress report dated 08/27/15. The request is for Dilaudid 4mg #180. The RFA for this case is dated 08/27/15, and the patient's date of injury is 03/11/93. Diagnoses, as per progress report dated 08/27/15, included failed back syndrome and lumbar degenerative disc disease. The patient is not working, as per the same progress report. 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 this case, the request is for Dilaudid. It is not clear when the opioid medications were initiated. As per progress report dated 08/27/15, the patient tolerates the medications well without any side effects. The report states that medications help 80%. In the same report, the treater states oral pain medications allow 50% improvement in functionality with ADLs' such as walking, standing and sitting. The patient can walk half block and sit and stand for 15 minutes, as per the report. As per progress report dated 07/01/15, medications help reduce pain from 7-8/10 to 2/10. CURES report is consistent, as per progress report dated 05/07/15. UDS, dated 02/17/15, is also consistent, as per progress report dated 03/17/15. Given the clear discussion regarding the 4As, including analgesia, ADLs, adverse side effects, and aberrant behavior, as required by MTUS for continued opioid use, the request is medically necessary.