

Case Number:	CM15-0186389		
Date Assigned:	09/28/2015	Date of Injury:	12/18/2012
Decision Date:	11/09/2015	UR Denial Date:	09/01/2015
Priority:	Standard	Application Received:	09/22/2015

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 65 year old male, who sustained an industrial injury on 12-18-2012. The injured worker was being treated for chronic pain syndrome, sacroiliac joint pain, and degeneration of lumbar intervertebral disc. On 7-22-2015, the injured worker reported worsening pain radiating to the left lower extremity and rarely to the right lower extremity. The pain quality was low back numbness, cramping, and tingling. His pain was rated 5 out of 10 with medications and 8 out of 10 without medications. He reported his medications were helping a lot. The physical exam (7-22-2015) reveals tenderness of the bilateral sacroiliac joints, bilateral paraspinal regions at L4 (lumbar 4), and normal lumbar flexion and extension with pain. Per the treating physician (5-27-2015 report), the injured worker had an opioid consent on file, the last toxicology screen was appropriate, and function improved with medication. In addition, the treating physician noted there was a low abuse risk and the injured worker was compliant with medication. Treatment has included work restrictions and medications including pain (Hydrocodone-Acetaminophen since at least 3-2015), anti-epilepsy, proton pump inhibitor, and non-steroidal anti-inflammatory. Per the treating physician (7-22-2015 report), the injured worker's work status is modified duty with no repetitive bending and lifting, no crawling, a 5 min break an hour, and a 4 hour work day. The treatment plan included continuing Hydrocodone-Acetaminophen and initiating Methadone. The requested treatments included 15 tablets of Methadone 5mg and 90 tablets of Hydrocodone-Acetaminophen 7.5-325mg. On 9-1-2015, the original utilization review non-certified requests for 15 tablets of Methadone 5mg and 90 tablets of Hydrocodone-Acetaminophen 7.5-325mg.

IMR ISSUES, DECISIONS AND RATIONALES

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

15 tablets of Methadone 5mg: 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, Opioids for chronic pain, Medications for chronic pain.

Decision rationale: The 65 year old patient complains of lower back pain radiating to the left lower extremity and rarely to the right lower extremity, as per progress report dated 07/22/15. The request is for 15 TABLETS OF METHADONE 5mg. There is no RFA for this case, and the patient's date of injury is 12/18/12. Diagnoses, as per progress report dated 07/22/15, included chronic pain syndrome, sacroiliac joint pain, and degeneration of lumbar intervertebral disc. Medications included Methadone, Norco, Meloxicam, Lorazepam, Atorvastatin, Metaxalone, Omeprazole, and Sumatriptan. 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, a prescription for Methadone is first noted in progress report dated 07/22/15. The treater states the patient is complaining of constant buttock pain. Therefore, I would recommend adding low dose methadone to address the constant component of her back pain. The patient has, however, been taking other opioids including Norco. As per progress report dated 07/22/15, medications help reduce pain from 8/10 to 5/10. Medications also help the patient to complete grocery shopping, walk longer, sit for dinner. The treater also states that the patient's ability to perform ADLs improves with medications. As per progress report dated 05/27/15, the Toxicology and CURES reports were appropriate. The treater also states current pain medication regimen controls the pain and is stable. The medications allow improved level of function. The patient is on the lowest effective dose and is at low risk for abuse. In the same report, the treater states that Hydrocodone is making the patient dizzy and he is not driving with medications. In progress report dated 09/23/15 (after the UR denial date), the treater states Methadone increase does help but feels a little drowsy. Additionally, the treater does not document objective functional improvement using validated instruments, or questionnaires with specific categories for continued opioid use. MTUS requires specific examples that indicate an improvement in function and states that "function should include social, physical, psychological, daily and work activities." In this case, treater has not addressed the 4A's adequately to warrant continued use of this medication. Hence, the request IS NOT medically necessary.

90 tablets of Hydrocodone/Acetaminophen 7.5/325mg: 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): Medications for chronic pain, Opioids, criteria for use, Opioids for chronic pain.

Decision rationale: The 65 year old patient complains of lower back pain radiating to the left lower extremity and rarely to the right lower extremity, as per progress report dated 07/22/15. The request is for 190 TABLETS OF HYDROCODONE/ACETAMINOPHEN 7.5/325mg. There is no RFA for this case, and the patient's date of injury is 12/18/12. Diagnoses, as per progress report dated 07/22/15, included chronic pain syndrome, sacroiliac joint pain, and degeneration of lumbar intervertebral disc. Medications included Methadone, Norco, Meloxicam, Lorazepam, Atorvastatin, Metaxalone, Omeprazole, and Sumatriptan. 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." MTUS p90 states, "Hydrocodone has a recommended maximum dose of 60mg/24hrs." In this case, a prescription for Norco is first noted in progress report dated 03/04/15. It is not clear when the opioid was initiated. As per progress report dated 07/22/15, medications help reduce pain from 8/10 to 5/10. Medications also help the patient to complete grocery shopping, walk longer, sit for dinner. The treater also states that the patient's ability to perform ADLs improves with medications. As per progress report dated 05/27/15, the Toxicology and CURES reports were appropriate. The treater also states current pain medication regimen controls the pain and is stable. The medications allows improved level of function. The patient is on the lowest effective dose and is at low risk for abuse. In the same report, the treater states that Hydrocodone is making the patient dizzy and he is not driving with medications. Additionally, the treater does not document objective functional improvement using validated instruments, or questionnaires with specific categories for continued opioid use. MTUS requires specific examples that indicate an improvement in function and states that "function should include social, physical, psychological, daily and work activities." In this case, treater has not addressed the 4A's adequately to warrant continued use of this medication. Hence, the request IS NOT medically necessary.