

Case Number:	CM15-0188687		
Date Assigned:	09/30/2015	Date of Injury:	10/25/2000
Decision Date:	11/16/2015	UR Denial Date:	09/09/2015
Priority:	Standard	Application Received:	09/25/2015

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:

This is a 49 year old male who sustained a work-related injury on 10-25-2000. Medical record documentation dated 8-31-15 revealed the injured worker reported back pain which he rated a 7- 8 on a 10-point scale (8 on 8-3-15 and 5 on 7-6-15). He reported shoulder pain which he rated a 7 on a 10-point scale (7 on 8-3-15 and 8-9 on 7-6-15). The evaluating physician noted that the injured worker had no evidence of drug abuse or diversion and no observed aberrant behavior. The evaluating physician noted that a urine drug screen dated 11-13-14 had no evidence of illicit drug abuse, diversion, or habituation and the injured worker was using the lowest effective dosing of his medications. He had 55% improvement in pain and attempted weaning resulted in increased pain, suffering and decreased functional capacity. His medications included Cymbalta 30 mg, Inderal 20 mg, methadone 5 mg (since at least 7-6-15), Naprosyn 500 mg, Neurontin 600 mg, Norco 325-10 mg (since at least 7-6-15), terazosin 2mg, Vertifix 300 mg and vitamin D 1000 mg. Objective findings included a gait and station examination at midposition without abnormalities. Deep tendon reflexes were 2+ in the bilateral lower extremities and he had a 2- beat clonus in the bilateral feet. His sensation was grossly intact bilaterally. He had decreased sensation to light touch in the left S1 and L5 dermatomes. He had increased findings on physical examination with decreased sensation and strength. The injured worker was status post lumbar fusion L4-5 with marked clinical benefit from 10-2007 and a previous lumbar transforaminal epidural steroid injection on 12-21-11 provided greater than 70% decrease in pain. A request for Methadone 5 mg #120 and Norco 10-325 mg #180 was received on 9-1-15. On 9-9-15, the Utilization Review physician determined Methadone 5 mg #120 and Norco 10-325 mg #180 for date of service 9-1-15 was not medically necessary based on California Medical Treatment Utilization Schedule Chronic Pain Medical Treatment Guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

Methadone 5mg, #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): Medications for chronic pain, Opioids, criteria for use, Opioids for chronic pain.

Decision rationale: The patient presents with low back pain with radicular pain in right leg rated 8/10. He also presents with right shoulder pain rated 7/10. The request is for Methadone 5MG, #120. The request for authorization is not provided. The patient is status post anterior-posterior fusion L4-5, 10/2007. Physical examination reveals inspection of bones, joints, and muscles are unremarkable. Muscle strength for all groups tested as follows: left foot inverters, left foot everters, left foot dorsiflexors and left foot plantar flexors where the muscle strength was 2/5 and 4/5. Deep tendon reflexes are 2+ in the bilateral lower extremities. S1 dermatome and L5 dermatome demonstrates decreased light touch sensation on the left. Left patellar reflex and left Achilles reflex is 1/4. The patient has been continuing note substantial benefit of the medications, and he has nociceptive, neuropathic and inflammatory pain. There is no evidence of drug abuse or diversion, no aberrant behavior observed and no ADR's reported. Medication was reviewed and DDI was checked, he has no side effects, no complications, no aberrant behavior, UDS on 11/13/14 the most recent was WNL as they all are, he has no signs of illicit drug abuse, diversion, habituation and is on the lowest effective dosing, with about 55% improvement in pain prior to this incident. Patient's medications include Vitamin D, Vertifix, Terazosin, Norco, Neurontin, Naprosyn, Methadone, Inderal, and Cymbalta. Per progress report dated 08/03/15, the patient is permanent and stationary. 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." Treater does not specifically discuss this medication. Patient has been prescribed Methadone since at least 07/06/15. MTUS requires appropriate discussion of the 4A's, however, in addressing the 4A's, treater does not discuss how Methadone significantly improves patient's activities of daily living with specific examples of ADL's. Analgesia is discussed,

specifically showing pain reduction with use of Methadone. But no validated instrument is used to show functional improvement. There is documentation regarding adverse effects and aberrant drug behavior. A UDS was performed on 11/13/14. In this case, treater has discussed most but not all of the 4A's as required by MTUS. Therefore, the request IS NOT medically necessary.

Norco 10/325mg, #180: 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 patient presents with low back pain with radicular pain in right leg rated 8/10. He also presents with right shoulder pain rated 7/10. The request is for Norco 10/325MG, #180. The request for authorization is not provided. The patient is status post anterior-posterior fusion L4-5, 10/2007. Physical examination reveals inspection of bones, joints, and muscles are unremarkable. Muscle strength for all groups tested as follows: left foot inverters, left foot everters, left foot dorsiflexors and left foot plantar flexors where the muscle strength was 2/5 and 4/5. Deep tendon reflexes are 2+ in the bilateral lower extremities. S1 dermatome and L5 dermatome demonstrates decreased light touch sensation on the left. Left patellar reflex and left Achilles reflex is 1/4. The patient has been continuing note substantial benefit of the medications, and he has nociceptive, neuropathic and inflammatory pain. There is no evidence of drug abuse or diversion, no aberrant behavior observed and no ADR's reported. Medication was reviewed and DDI was checked, he has no side effects, no complications, no aberrant behavior, UDS on 11/13/14 the most recent was WNL as they all are, he has no signs of illicit drug abuse, diversion, habituation and is on the lowest effective dosing, with about 55% improvement in pain prior to this incident. Patient's medications include Vitamin D, Vertifix, Terazosin, Norco, Neurontin, Naprosyn, Methadone, Inderal, and Cymbalta. Per progress report dated 08/03/15, the patient is permanent and stationary. 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." Treater does not specifically discuss this medication. Patient has been prescribed Norco since at least 07/06/15. MTUS requires appropriate discussion of the 4A's, however, in addressing the 4A's, treater does not discuss how Norco significantly improves patient's activities

of daily living with specific examples of ADL's. Analgesia is discussed, specifically showing pain reduction with use of Norco. But no validated instrument is used to show functional improvement. There is documentation regarding adverse effects and aberrant drug behavior. A UDS was performed on 11/13/14. In this case, treater has discussed most but not all of the 4A's as required by MTUS. Therefore, the request IS NOT medically necessary.