

<b>Case Number:</b>	CM15-0190377		
<b>Date Assigned:</b>	10/02/2015	<b>Date of Injury:</b>	08/08/2013
<b>Decision Date:</b>	11/10/2015	<b>UR Denial Date:</b>	09/08/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/28/2015

### 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: Arizona, California  
 Certification(s)/Specialty: Family Practice

### 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 49 year old female with an industrial injury date of 08-08-2013. Medical records indicate she is being treated for chronic low back pain with right lumbar radiculopathy, discogenic endplate changes at lumbar 4-5 and annular tear at lumbar 5-sacral 1, pain related insomnia, chronic daily headaches and reactive depression. Subjective complaints (08-26-2015) included severe lower back pain and "does have benefits from her current pain medication regimen." The treating physician indicates the injured worker has been having progressively worsening lower back pain and can "barely walk, sit or stand without severe pain." "She does not really want to remain on pain medications indefinitely and continues to try to engage in her home exercise program on a regular basis but with limited benefit." The pain is described as radiating into the right buttock, right posterior thigh and calf and into the lateral aspect of the right foot. She reported that her lower back pain was rated 5-6 out of 10 on average in the mornings "and worsens" as the day progresses increasing to a level of 8-10 out of 10 at the end of the day. Her medications (08-26-2015) included Methadone (started 08-25-2014) 5 mg four times a day and Norco 10-325 mg (since at least 08-26-2014) 4 tablets a day. Other medications included Prozac, medical marijuana, Amlodipine and Lisinopril. Prior medications included Morphine Sulfate and Topamax. Objective findings (08-26-2015) revealed "no evidence of sedation." Other documented findings was tenderness over the lower lumbar paraspinal muscles from the approximate levels of lumbar 3 through lumbar 5 worse on the right than the left. Gait was slightly antalgic with weight bearing favored on the left side. Prior treatment included acupuncture, lumbar epidural steroid injections, physical therapy, medications and functional

restoration program. The treating physician documented the recent CURES report was consistent with opioid contract and urine toxicology screen was performed in July 2015 "and findings were consistent with prescribed medications." On 09-08-2015, utilization review denied the request for the following requests: Norco 10-325 mg #120 DOS: 8/26/2015; Methadone HCL 5 mg #120 DOS: 8/26/2015.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**Norco 10/325mg #120 DOS: 8/26/2015: 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, Opioids for neuropathic pain.

**Decision rationale:** Norco is a short acting opioid used for breakthrough pain. According to the MTUS guidelines, it is not indicated as 1st line therapy for neuropathic pain, and chronic back pain. It is not indicated for mechanical or compressive etiologies. It is recommended for a trial basis for short-term use. Long Term-use has not been supported by any trials. In this case, the claimant had been on Norco for several months along with Methadone and medical marijuana. There was no mention of Tylenol, NSAID, Tricyclic or weaning failure. Pain scores remained high as the day progressed. The continued use of Norco is not medically necessary.

**Methadone HCL 5mg #120 DOS: 8/26/2015: 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): Methadone.

**Decision rationale:** According to the guidelines, Methadone is recommended as a second-line drug for moderate to severe pain if the potential benefit outweighs the risk. It is only FDA-approved for detoxification and maintenance of narcotic addiction. In this case, there is no indication of need for detoxification or narcotic addiction. The claimant was on Norco and medical marijuana as well with consistent elevation in pain scores as the day progressed. As a result, continued and long-term use of Methadone is not justified and is not medically necessary.