

<b>Case Number:</b>	CM15-0192469		
<b>Date Assigned:</b>	10/06/2015	<b>Date of Injury:</b>	09/12/2002
<b>Decision Date:</b>	11/16/2015	<b>UR Denial Date:</b>	08/31/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/30/2015

### 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: Emergency 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 injured worker is a 54 year old female, who sustained an industrial injury on September 12, 2002, incurring low back injuries. The injured worker had a prior back injury from a work injury. She was diagnosed with lumbar disc disease. Treatment included pain medications, anti-inflammatory drugs, and physical therapy, which helped relieve her pain. She underwent lumbar fusion surgery and a spinal cord stimulator implantation. Currently, the injured worker complained of increased low back pain rated 10 out of 10 on a pain scale from 0 to 10, without pain medications and 5 out of 10 with medications. The pain radiates into her lower extremities bilaterally and into the buttocks. She experienced pain with range of motion of the lumbar spine. She noted numbness, tingling and weakness. She had difficulty sleeping with the chronic pain. The persistent pain interfered with her activities of daily living including grocery shopping, household chores and visiting family. In January 2015, lumbar x rays revealed neural foraminal narrowing and degenerative changes at the sacroiliac joints and disc degeneration of the thoracic spine. The treatment plan that was requested for authorization on September 30, 2015, included prescriptions for Percocet and Methadone. On August 31, 2015, a request for prescriptions for Percocet was denied and a request for two prescriptions for Methadone 5 mg #90 was modified to a certification of one prescription for Methadone 5 mg #81 between July 17, 2015 and July 17, 2016.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Two (2) prescriptions for Percocet 10mg-325mg #120: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, criteria for use, Opioids for chronic pain, Opioids, long-term assessment.

**Decision rationale:** Norco is acetaminophen and hydrocodone, an opioid. Patient has chronically been on an opioid pain medication. As per MTUS Chronic pain guidelines, documentation requires appropriate documentation of analgesia, activity of daily living, adverse events and aberrant behavior. Documentation fails criteria. There is no documentation of any objective improvement in functional status. This request also has 2 prescriptions for Norco. It is unclear if this is a post-dated script or an attempt to circumvent schedule 2 prescription drug no-refill rule. Way, this either is not a legal or valid request or does not meet MTUS guidelines. The request is not medically necessary.

**Two (2) prescriptions for methadone 5mg \$90: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Methadone, Opioids, criteria for use, Opioids for chronic pain, Opioids, long-term assessment.

**Decision rationale:** Methadone is a long acting opioid with significant side effects and risks. Patient has chronically been on an opioid pain medication. As per MTUS Chronic pain guidelines, documentation requires appropriate documentation of analgesia, activity of daily living, adverse events and aberrant behavior. Documentation fails criteria. There is no documentation of any objective improvement in functional status. This request also has 2 prescriptions for Methadone. It is unclear if this is a post-dated script or an attempt to circumvent schedule 2 prescription drug no-refill rule. Way, this either is not a legal or valid request or does not meet MTUS guidelines. The request is not medically necessary.