

Case Number:	CM15-0196637		
Date Assigned:	10/12/2015	Date of Injury:	05/30/2003
Decision Date:	11/23/2015	UR Denial Date:	09/11/2015
Priority:	Standard	Application Received:	10/06/2015

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 71-year-old female, who sustained an industrial injury on May 30, 2003. She reported injury to the neck, right shoulder and lower back along with suffering fractures to her ribs. The injured worker was currently diagnosed as having sacroiliac joint pain, enthesopathy of hip region, disorder of bursa of shoulder region, degeneration of lumbar intervertebral disc, cervical spondylosis without myelopathy and lumbosacral radiculitis. Treatment to date has included diagnostic studies, injections, acupuncture, chiropractic treatment, physical therapy, injections and medication. On July 22, 2015, notes indicated that the injured worker dramatically reduced her dependence on opioids. Previously she was approaching taking 100 to 200mg of morphine equivalence, now she is below 100. This was achieved by providing her access to additional physical therapy and home exercises. She also tried additional adjunctive such as acupuncture and chiropractic which she found very useful. On September 11, 2015, the injured worker complained of bilateral low back pain described as burning, sharp and throbbing. Associated symptoms included bilateral lower extremity weakness and numbness. Aggravating factors included lumbar extension, lumbar flexion, standing or walking. Alleviating factors included medication, sitting and lying down. The injured worker was noted to be in the maintenance phase of opioid therapy and would be likely to require long-term opioid therapy for control of non-malignant pain. Methadone was reported to provide a 30% decreased in pain. The treatment plan included a transition from hydrocodone to Morphine IR. On September 11, 2015, utilization review denied a request for Hydrocodone

10mg-Acetaminophen 325mg #180 with two refills and Methadone 10mg #30 with two refills. A request for Morphine 15mg #10 was authorized.

IMR ISSUES, DECISIONS AND RATIONALES

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

Hydrocodone 10mg-Acetaminophen 325mg, 1 tablet orally every 4 hours as needed for 30 days, #180 with 2 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, criteria for use, Opioids for chronic pain.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids for chronic pain, Opioid hyperalgesia.

Decision rationale: The request is for hydrocodone 10mg-Acetaminophen 325mg #180 with 2 refills. The chronic use of opioids requires the ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Pain assessment should include: current pain; the least reported pain over the period since last assessment; average pain; intensity of pain after taking the opioid; how long it takes for pain relief; and how long pain relief lasts. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. Information from family members or other caregivers should be considered in determining the patient's response to treatment. The 4 A's for Ongoing Monitoring: Four domains have been proposed as most relevant for ongoing monitoring of chronic pain patients on opioids: pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant (or nonadherent) drug-related behaviors. These domains have been summarized as the "4 A's" (analgesia, activities of daily living, adverse side effects, and aberrant drug-taking behaviors). The monitoring of these outcomes over time should affect therapeutic decisions and provide a framework for documentation of the clinical use of these controlled drugs. The MTUS guidelines support the chronic use of opioids if the injured worker has returned to work and there is a clear overall improvement in pain and function. The treating physician should consider consultation with a multidisciplinary pain clinic if doses of opioids are required beyond what is usually required for the condition or pain does not improve on opioids in 3 months. Consider a psychiatric consult if there is evidence of depression, anxiety or irritability. Consider an addiction medicine consult if there is evidence of substance misuse. Opioids appear to be efficacious for the treatment of low back pain, but limited for short-term pain relief, and long-term efficacy is unclear (>16 weeks), but also appears limited. Failure to respond to a time-limited course of opioids has led to the suggestion of reassessment and consideration of alternative therapy. In regards to the injured worker, while there is documentation of an improvement in pain with the use of opioids, there is neither clear functional improvement nor a return to work. Furthermore, the Drug Enforcement Agency disallows refills of Schedule II medications, which includes hydrocodone. Therefore, the request as written is not medically necessary.

Methadone 10mg, 1 tablet orally every day at bedtime for 30 days, #30 with 2 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, criteria for use, Opioids for chronic pain.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, criteria for use, Opioid hyperalgesia.

Decision rationale: The request is for methadone with 2 refills. The chronic use of opioids requires the ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Pain assessment should include: current pain; the least reported pain over the period since last assessment; average pain; intensity of pain after taking the opioid; how long it takes for pain relief; and how long pain relief lasts. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. Information from family members or other caregivers should be considered in determining the patient's response to treatment. The 4 A's for Ongoing Monitoring: Four domains have been proposed as most relevant for ongoing monitoring of chronic pain patients on opioids: pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant (or nonadherent) drug-related behaviors. These domains have been summarized as the "4 A's" (analgesia, activities of daily living, adverse side effects, and aberrant drug- taking behaviors). The monitoring of these outcomes over time should affect therapeutic decisions and provide a framework for documentation of the clinical use of these controlled drugs. The MTUS guidelines support the chronic use of opioids if the injured worker has returned to work and there is a clear overall improvement in pain and function. The treating physician should consider consultation with a multidisciplinary pain clinic if doses of opioids are required beyond what is usually required for the condition or pain does not improve on opioids in 3 months. Consider a psychiatric consult if there is evidence of depression, anxiety or irritability. Consider an addiction medicine consult if there is evidence of substance misuse. Opioids appear to be efficacious for the treatment of low back pain, but limited for short-term pain relief, and long- term efficacy is unclear (>16 weeks), but also appears limited. Failure to respond to a time-limited course of opioids has led to the suggestion of reassessment and consideration of alternative therapy. In regards to the injured worker, while there is documentation of an improvement in pain with the use of opioids, there is neither clear functional improvement nor a return to work. Furthermore, the Drug Enforcement Agency disallows refills of Schedule II medications, which includes methadone. Therefore, the request as written is not medically necessary.