

Case Number:	CM15-0197333		
Date Assigned:	10/12/2015	Date of Injury:	04/30/2008
Decision Date:	11/24/2015	UR Denial Date:	09/24/2015
Priority:	Standard	Application Received:	10/07/2015

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: Preventive Medicine, Occupational 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 53 year old female who sustained an industrial injury on 04-30-2008. Documentation shows use of Norco dating back to April 2015. Methadone was added to the medication regimen on 05-26-2015 at which time Norco was decreased from six pills a day to three pills a day. Urine toxicology performed on 05-26-2015 was consistent for use of Norco. Methadone was not detected and THC was detected. The provider did not address the urine toxicology results during the 06-01-2015 follow up. On 06-26-2015, the injured worker reported that Methadone was a "problem" for her and was not very effective and did not want to take it. On 08-20-2015, the injured worker was seen for chronic knee pain. She reported pain in her low back, right hip, right leg, right knee and right ankle. She reported that physical therapy improved her condition and that pain medication, exercise program and surgery had no change in her condition. Current pain was rated 6 on a scale of 0-10. Pain at best was rated 4 and at worst was rated 9. Pain was present 90-100% of the time. She reported that she was unable to do home duties without help. She only bathed once a week. When necessary, she required assistance from her spouse. She described a complete loss of social activity with her spouse, family, friends and community as well as recreational activity. She reported a history of anxiety, depression, panic attacks, arthritis, alcohol, and prescription drug abuse. Current medications included Methadone 5 mg two every morning and one twice a day, four per day or 120 per month and Hydrocodone 10-325 mg one three times a day #90 per month. Impression included continued knee pain status post knee surgery x 2 and opioid dependence. The provider noted that CURES report revealed 2 prescribers of controlled substances in the monitoring period from 08-20-2014 to 08-20-2015.

The CURES reconciled with the injured worker's stated medication. COMM score was 8 indicating that the injured worker was not exhibiting aberrant behaviors associated with misuse of opioid medications. The provider noted that it was suggested that the injured worker had a severe depressive syndrome based on her PHQ-9 score of 22. Functionality was noted to be impaired due to depressive symptoms. ORT score was 1 which placed the injured worker at "high risk". The treatment plan included Methadone 5 mg two every morning and one twice a day, four per day or 120 per month and Hydrocodone 10-325 mg one three times a day #90 per month. An authorization request dated 09-10-2015 (for report 08-20-2015) was submitted for review. The requested services included Methadone 5 mg tablets two every morning and one twice a day four per day or 120 per month and Hydrocodone 10-325 mg one three times a day #90 per month. According to a follow up report dated 09-21-2015, the injured worker was doing better. Her pain had been reduced for most days from an 8 to a 6 on a ten point scale. Her mood was noted to be much more stable. She was not feeling suicidal, not feeling acutely depressed and was sleeping better. Her medication regimen included Norco, Methadone, Cymbalta, Brintellix and Seroquel. On 09-24-2015, Utilization Review non-certified the request for Methadone 5 mg per 9-10-2015 order #120 and Hydrocodone 10-325mg per 9-10-2015 order #90.

IMR ISSUES, DECISIONS AND RATIONALES

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

Methadone 5mg per 9/10/15 order #120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, specific drug list.

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

Decision rationale: The MTUS Guidelines do not recommend the use of opioid pain medications, in general, for the management of chronic pain. There is guidance for the rare instance where opioids are needed in maintenance therapy, but the emphasis should remain on non-opioid pain medications and active therapy. Long-term use may be appropriate if the patient is showing measurable functional improvement and reduction in pain in the absence of non-compliance. Functional improvement is defined by either significant improvement in activities of daily living or a reduction in work restriction as measured during the history and physical exam. In this case, despite, long-term use of opioids, there is a lack of objective evidence of significant pain relief or functional improvement. The injured worker has stated that Methadone does not work for her pain. Additionally, urine drug screens have been inconsistent. It is not recommended to discontinue opioid treatment abruptly, as weaning of medications is necessary to avoid withdrawal symptoms when opioids have been used chronically. This request however is not for a weaning treatment, but to continue treatment. The request for Methadone 5mg per 9/10/15 order #120 is not medically necessary.

Hydrocodone 10/325mg per 9/10/15 order #90: 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 for chronic pain, Weaning of Medications.

Decision rationale: The MTUS Guidelines do not recommend the use of opioid pain medications, in general, for the management of chronic pain. There is guidance for the rare instance where opioids are needed in maintenance therapy, but the emphasis should remain on non-opioid pain medications and active therapy. Long-term use may be appropriate if the patient is showing measurable functional improvement and reduction in pain in the absence of non-compliance. Functional improvement is defined by either significant improvement in activities of daily living or a reduction in work restriction as measured during the history and physical exam. In this case, despite, long-term use of opioids, there is a lack of objective evidence of significant pain relief or functional improvement. Additionally, urine drug screens have been inconsistent. It is not recommended to discontinue opioid treatment abruptly, as weaning of medications is necessary to avoid withdrawal symptoms when opioids have been used chronically. This request however is not for a weaning treatment, but to continue treatment. The request for Hydrocodone 10/325mg per 9/10/15 order #90 is not medically necessary.