

Case Number:	CM15-0203452		
Date Assigned:	10/20/2015	Date of Injury:	06/27/2002
Decision Date:	12/04/2015	UR Denial Date:	09/18/2015
Priority:	Standard	Application Received:	10/15/2015

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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 male, who sustained an industrial injury on 6-27-2002. The injured worker is undergoing treatment for: chronic pain syndrome, low back pain, failed back surgery of lumbar. On 8-4-15, he rated his low back pain with medications: least 4 out of 10, average 7 out of 10, worst 9 out of 10; without medications: least, average and worst 10 out of 10. On 9-9-15 and 9-15-15, he reported feeling better than last month. He indicated continued low back pain and bilateral ankles and feet pain with spasticity. He rated his least pain with medications 5 out of 10, average 6 out of 10, worst 7 out of 10, without medications least 8 out of 10, average 8 out of 10, and worst 9 out of 10. He indicated his activity level is house confined, use of cane, reclined or resting 50 to 75 percent of the day. Physical examination revealed he transfers independently with no assistive device. There is no examination of the low back documented. The treatment and diagnostic testing to date has included: medications, rest, lumbar surgery (date unclear), spinal cord stimulator (March 2005), intrathecal pump implanted (Feb 2007), left knee surgery (date unclear). Medications have included: norco, methadone, oxycontin. The records indicate he has been utilizing opiate medications since 2006, possibly longer. Current work status: not working. The request for authorization is for: Norco 10-325mg quantity 180, Methadone HCL 10mg quantity 180. The UR dated 9-18-2015: non-certified the request for Norco 10-325mg quantity 180, Methadone HCL 10mg quantity 180.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg, #180: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Implantable drug-delivery systems (IDDSs), Intrathecal drug delivery systems, medications.

Decision rationale: The claimant sustained a work injury in June 2002 and continues to be treated for chronic pain including a diagnosis of failed back surgery syndrome. In September 2004 a spinal cord stimulator was being used. In 2005 medications included OxyContin and methadone at a total MED (morphine equivalent dose) of 4,560 mg per day. He underwent implantation of an intrathecal drug delivery system. When seen in September 2015 he was feeling much better. His wife had been helping with medication maintenance. Medications were helpful in increasing his daily function. He was having bilateral low back, ankle, and foot pain. Medications are referenced as decreasing pain from 8-9/10 to 5-7/10. Physical examination findings included transferring independently without use of an assistive device. Intrathecal morphine was being administered in the drug delivery system. Methadone and Norco were also being prescribed. The total MED (morphine equivalent dose) from his oral medications was 660 mg per day. The intrathecal morphine dose is approximately 7.5 mg per day. An intrathecal drug delivery system is recommended only as an end-stage treatment alternative for selected patients. Criteria include when there is failure of strong opioids or other analgesics or there are intolerable side effects. In this case the claimant continues to use an intrathecal drug delivery system. An intrathecal drug delivery system is the alternative treatment to high dose opioid medication. Continuing to prescribe Norco when using an intrathecal drug delivery system is not appropriate or medically necessary.

Methadone HCL 10mg, #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): Intrathecal drug delivery systems, medications, Implantable drug-delivery systems (IDDSs).

Decision rationale: The claimant sustained a work injury in June 2002 and continues to be treated for chronic pain including a diagnosis of failed back surgery syndrome. In September 2004 a spinal cord stimulator was being used. In 2005 medications included OxyContin and methadone at a total MED (morphine equivalent dose) of 4,560 mg per day. He underwent implantation of an intrathecal drug delivery system. When seen in September 2015 he was feeling much better. His wife had been helping with medication maintenance. Medications were helpful in increasing his daily function. He was having bilateral low back, ankle, and foot pain. Medications are referenced as decreasing pain from 8-9/10 to 5-7/10. Physical examination findings included transferring independently without use of an assistive device. Intrathecal morphine was being administered in the drug delivery system. Methadone and Norco were also being prescribed. The total MED (morphine equivalent dose) from his oral medications was 660 mg per day. The intrathecal morphine dose is approximately 7.5 mg per day. An intrathecal drug delivery system is recommended only as an end-stage treatment alternative for selected patients. Criteria include when there is failure of strong opioids or other analgesics or there are intolerable side effects. In this case the claimant continues to use an intrathecal drug delivery

system. An intrathecal drug delivery system is the alternative treatment to high dose opioid medication. Continuing to prescribe methadone when using an intrathecal drug delivery system is not appropriate or medically necessary.