

Case Number:	CM15-0027343		
Date Assigned:	02/19/2015	Date of Injury:	05/09/1997
Decision Date:	04/07/2015	UR Denial Date:	01/26/2015
Priority:	Standard	Application Received:	02/12/2015

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: Physical Medicine & Rehabilitation

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This is a female injured worker who sustained an industrial injury on May 9, 1997. She has reported injury to the lumbar spine and right hip. The diagnoses have included displacement of lumbar disc without myelopathy, degenerative disc disease of the lumbar spine and lumbar facet arthropathy. Treatment to date has included successful epidural injections, acupuncture, medications, chiropractic treatment and physical therapy. Notes stated that she could not tolerate acupuncture but has done well with chiropractic treatment and physical therapy. On December 4, 2014, the injured worker complained of lumbar back pain and right hip pain. The pain is described as sharp, burning, dull, aching, stabbing, numbness, pressure and spasm. She reported the pain without medications as a 10 on a 1-10 pain scale and as a 4/10 on the pain scale with medications. The medications prescribed were noted to keep the injured worker functional, allowing for increased mobility, tolerance of activities of daily living and home exercises. On January 26, 2015, Utilization Review non-certified Methadone HCL 10mg and Oxycodone HCL 30mg, noting the CA MTUS Guidelines. On February 12, 2015, the injured worker submitted an application for Independent Medical Review for review of Methadone HCL 10mg and Oxycodone HCL 30mg.

IMR ISSUES, DECISIONS AND RATIONALES

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

Methadone HCL 10 mg tabs: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines criteria for use of opioids Page(s): 76-78, 88-89.

Decision rationale: This patient presents with low back and right hip pain. The treater is requesting METHADONE HCL 10 MG TABS. The RFA was not made available for review. The patient's date of injury is from 05/09/1997 and she is currently permanent and stationary. For chronic opiate use, the MTUS guidelines page 88 and 89 on criteria for use of opioids states, "pain should be assessed at each visit, and functioning should be measured at six-month intervals using a numerical scale or validated instrument." MTUS page 78 On-Going Management also require documentation of the 4A's including analgesia, ADLs, adverse side effects, and aberrant drug seeking behavior, as well as "pain assessment" or outcome measures that include current pain, average pain, least pain, intensity of pain after taking the opioid, time it takes for medications to work, and duration of pain relief. The records show that the patient was prescribed methadone on 09/11/2014. The 01/14/2015 report notes that the patient's current pain level without medication is 10/10 and 4/10 with medication use. Her medications are keeping her functional, allowing for increased mobility and tolerance of ADLs and home exercises. The urine drug screens from 11/06/2014 and 12/04/2014 show inconsistent results, while the UDS from 12/31/2014 and 01/14/2015 show consistent results. No side effects were reported. In this case, the patient has reported significant benefit with methadone use including increased functionality and mobility. And the most recent UDS show consistent results. The treater has provided adequate documentation of the 4As for the continued use of Methadone. The request IS medically necessary.

Oxycodone HCL 30 mg: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines criteria for use of opioids Page(s): 76-78, 88-89.

Decision rationale: This patient presents with low back and right hip pain. The treater is requesting OXYCODONE HCL 30 MG. The RFA was not made available for review. The patient's date of injury is from 05/09/1997 and she is currently permanent and stationary. For chronic opiate use, the MTUS guidelines page 88 and 89 on criteria for use of opioids states, "pain should be assessed at each visit, and functioning should be measured at six-month intervals using a numerical scale or validated instrument." MTUS page 78 On-Going Management also require documentation of the 4A's including analgesia, ADLs, adverse side effects, and aberrant drug seeking behavior, as well as "pain assessment" or outcome measures that include current pain, average pain, least pain, intensity of pain after taking the opioid, time it takes for medications to work, and duration of pain relief. The records show that the patient was

prescribed oxycodone on 09/11/2014. The 01/14/2015 report notes that the patient's current pain level without medication is 10/10 and 4/10 with medication use. Her medications are keeping her functional, allowing for increased mobility and tolerance of ADLs and home exercises. The urine drug screens from 11/06/2014 and 12/04/2014 show inconsistent results, while the UDS from 12/31/2014 and 01/14/2015 show consistent results. No side effects were reported. In this case, the patient has reported significant benefit with oxycodone use including increased functionality and mobility. And the most recent UDS show consistent results. The treater has provided adequate documentation of the 4As for the continued use of Methadone. The request IS medically necessary.