

Case Number:	CM15-0057768		
Date Assigned:	04/02/2015	Date of Injury:	12/12/1989
Decision Date:	05/08/2015	UR Denial Date:	03/09/2015
Priority:	Standard	Application Received:	03/26/2015

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:

The injured worker is a 68 year old male, who sustained an industrial injury on December 12, 1989. The injured worker had reported low back pain. The diagnoses have included lumbar or lumbosacral intervertebral disc degeneration, osteoporosis, sciatica and chronic pain. Treatment to date has included medications and a lumbar laminectomy. Current documentation dated January 20, 2015 notes that the injured worker reported worsening back pain. Physical examination revealed the injured worker to be well developed and in no acute distress. No other objective findings were noted. The treating physician's plan of care included a request for Methadone 10 mg # 120 and Percocet 10/325 mg # 120.

IMR ISSUES, DECISIONS AND RATIONALES

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

Methadone 10mg #120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 77.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines CRITERIA FOR USE OF OPIOIDS hydrocodone Page(s): 76-78, 88-90.

Decision rationale: The patient was injured on 12/12/89 and presents with back pain. The request is for METHADONE 10 MG #120. There is no RFA provided and the patient is permanent and stationary. The patient has been taking this medication as early as 09/02/14. For chronic opioid use in general, MTUS guidelines pages 88 and 89, state, the patient should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument. MTUS, page 78, also requires documentation of the 4 As (analgesia, ADLs, adverse side effects, and adverse behavior), as well as pain assessment or outcome measures that include current pain, average pain, least pain, intensity of pain after taking the opioid, times it takes for medication to work, and duration of pain relief. MTUS, page 90, also continues to state that the maximum dose for hydrocodone is 60 mg per day. In this case, none of the 4 As are addressed as required by MTUS guidelines. The treater does not provide any before-and-after medication pain scales. There are no examples of ADLs, which demonstrate medication efficacy, nor are there any discussions provided on adverse behavior/side effects. There are no pain management issues discussed such as CURES report, pain contract, etc. No outcome measures are provided either as required by MTUS guidelines. The treater did not provide a urine drug screen to see if the patient is compliant with his medications. The treating physician does not proper documentation that is required by MTUS guidelines for continued opioid use. Therefore, the requested Methadone IS NOT medically necessary.

Percocet 10/325mg #120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 77.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines CRITERIA FOR USE OF OPIOIDS hydrocodone Page(s): 76-78, 88-90.

Decision rationale: The patient was injured on 12/12/89 and presents with back pain. The request is for PERCOCET 10/325 MG #120. There is no RFA provided and the patient is permanent and stationary. The patient has been taking this medication as early as 09/02/14. For chronic opioid use in general, MTUS guidelines pages 88 and 89, state, the patient should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument. MTUS, page 78, also requires documentation of the 4 As (analgesia, ADLs, adverse side effects, and adverse behavior), as well as pain assessment or outcome measures that include current pain, average pain, least pain, intensity of pain after taking the opioid, times it takes for medication to work, and duration of pain relief. MTUS, page 90, also continues to state that the maximum dose for hydrocodone is 60 mg per day. In this case, none of the 4 As are addressed as required by MTUS guidelines. The treater does not provide any before-and-after medication pain scales. There are no examples of ADLs, which demonstrate medication efficacy, nor are there any discussions provided on adverse behavior/side effects. There are no pain management issues discussed such as CURES report, pain contract, etc. No outcome measures are provided either as required by MTUS guidelines. The treater did not provide a urine drug screen to see if the patient is compliant with his medications. The treating physician does not proper documentation that is required by MTUS

guidelines for continued opioid use. Therefore, the requested Percocet IS NOT medically necessary.