

Case Number:	CM15-0059064		
Date Assigned:	04/03/2015	Date of Injury:	07/21/1988
Decision Date:	05/11/2015	UR Denial Date:	03/06/2015
Priority:	Standard	Application Received:	03/27/2015

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 55 year old female, who sustained an industrial injury on July 22, 1988. She has reported lower back pain and left leg pain. Diagnoses have included chronic lower back pain and lumbar post laminectomy syndrome. Treatment to date has included medications, ice, heat, physical therapy, transcutaneous electrical nerve stimulation unit, epidural steroid injection, and lumbar spinal fusion. A progress note dated November 25, 2014 indicates a chief complaint of lower back pain and left leg pain. The treating physician documented a plan of care that included medications.

IMR ISSUES, DECISIONS AND RATIONALES

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

Methadone HCL 10 mg #180: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines opioids Page(s): 80.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines CRITERIA FOR USE OF OPIOIDS Page(s): 76-78, 88-89.

Decision rationale: The patient presents with low back pain radiating to lower extremity. The request is for METHADONE HCL 10MG #180. The request for authorization is not provided. The patient is status-post lumbar discectomy and fusion, date unspecified. MRI of the lumbar spine, 08/29/11, shows grade 1 anterolisthesis of L3 on L4, causing mild spinal canal narrowing. Previous epidural steroid injections provided only transient pain relief. Patient reports current pain medication provides 80% pain relief and 70% over the past week. Patient has no complaints or appreciable side effects. She has the following symptoms associated with her pain: irritability; poor sleep / insomnia; and fatigue. The pain is increased with activity, sitting, standing, lifting, bending, lying down and walking. The pain is decreased with medications, rest, stretching, ice, heat, physical therapy and TENS. Activities that are avoided because of the pain include going to work, participating in recreation and yard work. Average level of pain is 5-6/10, best level of pain is 5/10, and worst level of pain is 8/10 on VAS. Patient's medications include Lunesta, Lorazepam, Lovastatin, Omeprazole, Estradiol, Polyethylene Glycol, Methadone, Duloxetine, Ibuprofen and Hydrocodone-Acetaminophen. The patient's work status is not provided. MTUS Guidelines pages 88 and 89 states, "Pain 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 4As -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, time it takes for medication to work and duration of pain relief. Per progress report dated, 11/12/14, treater's reason for the request is "Currently using methadone 40mg q6h, with hydrocodone bid for BTP." MTUS requires appropriate discussion of the 4A's, and in addressing the 4A's, treater discusses how Methadone significantly improves patient's activities of daily living with specific examples of ADL's, such as, participating in recreation and yard work. Analgesia is also discussed, specifically showing significant pain reduction with use of Methadone by 70-80%. Furthermore, there is documentation and discussion regarding the absence of adverse effects. And random UDS CURES and opioid contract is in place. Therefore, the request IS medically necessary.

Norco 5/325 mg #60: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines opioids.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines CRITERIA FOR USE OF OPIOIDS Page(s): 76-78, 88-89.

Decision rationale: The patient presents with low back pain radiating to lower extremity. The request is for NORCO 5/325MG #60. The request for authorization is not provided. The patient is status-post lumbar discectomy and fusion, date unspecified. MRI of the lumbar spine, 08/29/11, shows grade 1 anterolisthesis of L3 on L4, causing mild spinal canal narrowing. Previous epidural steroid injections provided only transient pain relief. Patient reports current pain medication provides 80% pain relief and 70% over the past week. Patient has no complaints or appreciable side effects. She has the following symptoms associated with her pain: irritability; poor sleep / insomnia; and fatigue. The pain is increased with activity, sitting, standing, lifting, bending, lying down and walking. The pain is decreased with medications, rest,

stretching, ice, heat, physical therapy and TENS. Activities that are avoided because of the pain include going to work, participating in recreation and yard work. Average level of pain is 5-6/10, best level of pain is 5/10, and worst level of pain is 8/10 on VAS. Patient's medications include Lunesta, Lorazepam, Lovastatin, Omeprazole, Estradiol, Polyethylene Glycol, Methadone, Duloxetine, Ibuprofen and Hydrocodone-Acetaminophen. The patient's work status is not provided. MTUS Guidelines pages 88 and 89 states, "Pain 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 4As -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, time it takes for medication to work and duration of pain relief. Per progress report dated, 11/12/14, treater's reason for the request is "Currently using methadone 40mg q6h, with hydrocodone bid for BTP." MTUS requires appropriate discussion of the 4A's, and in addressing the 4A's, treater discusses how Norco significantly improves patient's activities of daily living with specific examples of ADL's, such as, participating in recreation and yard work. Analgesia is also discussed, specifically showing significant pain reduction with use of Norco by 70-80%. Furthermore, there is documentation and discussion regarding the absence of adverse effects. And random UDS CURES and opioid contract is in place. Therefore, the request IS medically necessary.