

Case Number:	CM15-0083910		
Date Assigned:	05/27/2015	Date of Injury:	03/02/2008
Decision Date:	06/19/2015	UR Denial Date:	04/03/2015
Priority:	Standard	Application Received:	05/01/2015

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: Arizona, California
 Certification(s)/Specialty: Family Practice

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 47 year old female, who sustained an industrial injury on 03/02/2008. According to a progress report dated 03/20/2015, the injured worker complained of low back pain and complex regional pain syndrome of the left foot. She was continuing to have technical problems with her spinal cord stimulator. When it was functional it provided about 20% relief in her left foot pain. Her current medication regimen continued to provide significant partial relief of her pain and allowed her to perform activities of daily living and some family activities. She denied distressing side effects with the medications. Pain level was rated 8 on a scale of 1-10. Location of pain was at the left and foot. Impression was noted as status post work-related injury with continued complex regional pain syndrome affecting the left foot as well as chronic low back pain. She continued to get significant partial relief of her pain with the current medications. Diagnoses included ankle/foot pain, complex regional pain syndrome type I, lower extremity unspecified reflex sympathetic dystrophy and chronic pain syndrome. Medications prescribed included Amitriptyline, Baclofen, Methadone and Norco. Currently under review is the request for Methadone 10mg quantity 110 and Norco 10/325mg quantity 150.

IMR ISSUES, DECISIONS AND RATIONALES

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

Methadone 10 mg Qty 110: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-95, 124.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Methadone Page(s): 61.

Decision rationale: According to the guidelines, Methadone is recommended as a second-line drug for moderate to severe pain if the potential benefit outweighs the risk. It is only FDA-approved for detoxification and maintenance of narcotic addiction. In this case, there is no indication of need for detoxification or narcotic addiction. The claimant was taking it along with Norco. The claimant was on Norco for several years. Pain level with medications was not noted. As a result, continued and long-term use of Methadone is not medically necessary.

Norco 10/325 mg Qty 150: Upheld

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 opioids Page(s): 82-92.

Decision rationale: Norco is a short acting opioid used for breakthrough pain. According to the MTUS guidelines, it is not indicated as 1st line therapy for neuropathic pain, and chronic back pain. It is not indicated for mechanical or compressive etiologies. It is recommended for a trial basis for short-term use. Long Term-use has not been supported by any trials. In this case, the claimant had been on Norco for several years. Previously it was taken without Methadone indicating weaning pain benefit. There was no mention of failure of Tricyclics. Pain response scores with medications was not noted. The continued use of Norco is not medically necessary.