

Case Number:	CM14-0119079		
Date Assigned:	08/06/2014	Date of Injury:	05/22/2007
Decision Date:	09/26/2014	UR Denial Date:	07/17/2014
Priority:	Standard	Application Received:	07/29/2014

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. The expert reviewer is Board Certified in Physical Medicine & Rehabilitation, and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 female who reported injury on 05/22/2007. The injured worker's medication history was noted to include opioids since at least 2012. The surgical history was noted to include a right sacroiliac joint fusion. The mechanism of injury was the injured worker was in a park with clients, and 1 client grasped and pulled the injured worker's hand in order to have her assist him in a trip to the restroom. The injured worker took a step backwards, struck her right leg, and tumbled over rock that led to a fall on cement and dirt. The prior studies included an MRI of the cervical spine and x-rays. The injured worker was given an epidural steroid injection and was utilizing medications. The injured worker underwent a discogram at L5-S1. The injured worker was utilizing marijuana and Soma. The documentation of 06/30/2014 revealed the injured worker had pain radiating from the low back down the left leg, and a lower back ache. The pain level had increased since the last visit, quality of sleep was poor, and her activity had decreased. The injured worker indicated that her pain continued to be at a higher level because she was not able to take the dose of Lyrica she was used to taking. Additionally, the injured worker asked for 2 months of medication, as her mother was ill, and she would like to visit her in Ohio. The current medications were noted to include Colace 250 mg capsules, Lyrica 100 mg capsules, methadone HCL 10 mg tablets 1 three times a day, Norco 10/325 mg tablets 1 every 8 hours as needed for pain maximum 3 per day and Soma 350 mg tablets. The physical examination revealed the injured worker had restricted range of motion due to pain. The injured worker had tenderness on the right side upon palpation of the paravertebral muscles. The lumbar facet loading was positive bilaterally. The ankle jerk was 2/4 on the right side and 1/4 on the left. The patellar jerk was 1/4 on the right and 2/4 on the left. There was tenderness over the right SI joint. The diagnoses included lumbar facet syndrome, spinal/lumbar degenerative disc disease, cervical radiculopathy, disc disorder cervical, and head and neck

symptoms NEC. The treatment plan included 2 months of medications. The documentation indicated the Norco assisted the injured worker with breakthrough pain to decrease from 8/10 to 4/10. The injured worker indicated she was able to housework such as vacuuming, washing dishes, and cleaning up after her dog with the medication. The injured worker indicated that since Lyrica was not being authorized, the injured worker was relying on Norco for more pain control than ever before. The other medications, which included methadone HCL 10 mg 1 three times a day, were refilled. There was a detailed Request for Authorization form submitted for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg #90 with 1 refills: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Medications for Chronic pain, ongoing management, opioid dosing Page(s): 60, 78, 86.

Decision rationale: The California MTUS Guidelines recommend opiates for treatment of chronic pain. There should be documentation of objective functional improvement, an objective decrease in pain, and documentation the injured worker is being monitored for aberrant drug behavior and side effects. The cumulative dosing of all opiates should not exceed 120 mg of oral morphine equivalence per day. The clinical documentation submitted for review indicated the injured worker had an objective improvement in function, an objective decrease in pain, and there was documentation the injured worker was being monitored for aberrant drug behavior through urinalysis. However, the injured worker's oral morphine equivalence would be 270 mg, which exceeds the recommended maximum of 120 mg per day. The request as submitted failed to indicate the frequency for the requested medication. The duration of use was since at least 2012. There was documentation indicating a necessity for 1 refill. However, 1 refill would not be supported without re-evaluation. Given the above, the request for Norco 10/325mg #90 with 1 refills is not medically necessary.

Methadone HCL 10mg #90 with 1 refill: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Medications for Chronic pain, ongoing management, opioid dosing Page(s): 60, 78, 86.

Decision rationale: The California MTUS Guidelines recommend opiates for treatment of chronic pain. There should be documentation of objective functional improvement, an objective decrease in pain, and documentation the injured worker is being monitored for aberrant drug behavior and side effects. The cumulative dosing of all opiates should not exceed 120 mg of oral

morphine equivalence per day. The clinical documentation submitted for review indicated the injured worker had an objective improvement in function, an objective decrease in pain, and there was documentation the injured worker was being monitored for aberrant drug behavior through urinalysis. However, the injured worker's oral morphine equivalence would be 270 mg, which exceeds the recommended maximum of 120 mg per day. The request as submitted failed to indicate the frequency for the requested medication. The duration of use was since at least 2012. There was documentation indicating a necessity for 1 refill. However, 1 refill would not be supported without re-evaluation. Given the above, the request for Methadone HCL 10mg #90 with 1 refill is not medically necessary.