

Case Number:	CM14-0176013		
Date Assigned:	10/29/2014	Date of Injury:	09/28/2003
Decision Date:	12/05/2014	UR Denial Date:	09/25/2014
Priority:	Standard	Application Received:	10/23/2014

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 Occupational Medicine 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:

This is a 60-year-old female with a 9/28/03 date of injury. According to a progress report dated 9/2/14, the patient was seen for medication refills and stated that she was doing relatively well and stable. She was switched from the liquid form of methadone to the pill form. Objective findings: limited range of motion of neck, no other abnormal findings. Diagnostic impression: chronic pain syndrome, cervicgia, back pain, insomnia. Treatment to date: medication management, activity modification, physical therapy. A UR decision dated 9/25/14 denied the requests for Norco and Methadone. Prior reviews have suggested discontinuation due to a lack of subjective or objective evidence to continue prescription.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg #45: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Hydrocodone/Acetaminophen.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opiates Page(s): 78-81.

Decision rationale: CA MTUS Chronic Pain Medical Treatment Guidelines do not support ongoing opioid treatment unless prescriptions are from a single practitioner and are taken as

directed; are prescribed at the lowest possible dose; and unless there is ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. However, in the reports reviewed, there is no documentation of significant pain reduction or improved activities of daily living. Guidelines do not support the continued use of opioid medications without documentation of functional improvement. There is no documentation of lack of aberrant behavior or adverse side effects, an opioid pain contract, urine drug screen, or CURES monitoring. In addition, given the 2003 date of injury, over a decade ago, the duration of opiate use to date is not clear. There is no discussion regarding non-opiate means of pain control, or endpoints of treatment. Furthermore, according to the patient's opioid medication regimen, the patient's daily MED is calculated to be 340. Guidelines do not support daily MED above 120 due to the risk of adverse effects, such as respiratory depression and sedation. Therefore, the request for Norco 10/325mg #45 is not medically necessary.

Methadone HCL 10mg #120:

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Criteria for use.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opiates Page(s): 61-62.

Decision rationale: Methadone is recommended as a second-line drug for moderate to severe pain if the potential benefit outweighs the risk. The FDA reports that they have received reports of severe morbidity and mortality with this medication. This appears, in part, secondary to the long half-life of the drug (8-59 hours). Pain relief on the other hand only lasts from 4-8 hours. Methadone should only be prescribed by providers experienced in using it. However, in the present case, there is no documentation that the patient has had a trial and failure of first-line opioid medications to rationalize the need for Methadone. In addition, there is no documentation of significant pain reduction or improved activities of daily living. Guidelines do not support the continued use of opioid medications without documentation of functional improvement. There is no documentation of lack of aberrant behavior or adverse side effects, an opioid pain contract, urine drug screen, or CURES monitoring. Given the 2003 date of injury, over a decade ago, the duration of opiate use to date is not clear. There is no discussion regarding non-opiate means of pain control, or endpoints of treatment. Furthermore, according to the patient's opioid medication regimen, the patient's daily MED is calculated to be 340. Guidelines do not support daily MED above 120 due to the risk of adverse effects, such as respiratory depression and sedation. Therefore, the request for Methadone HCL 10mg #120 is not medically necessary.