

<b>Case Number:</b>	CM14-0212875		
<b>Date Assigned:</b>	12/30/2014	<b>Date of Injury:</b>	05/01/2008
<b>Decision Date:</b>	02/27/2015	<b>UR Denial Date:</b>	11/20/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/19/2014

### 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. 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, District of Columbia, Maryland  
 Certification(s)/Specialty: Anesthesiology, Pain Management

### 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 records presented for review indicate that this 55-year-old female sustained an injury on May 5, 2008. The mechanism of injury was stated to be cumulative trauma. The most recent progress note is dated September 9, 2014 and indicates a follow-up for neck pain as well as depression and anxiety. The injured employee receives home healthcare to assist with her activities of daily living as well as the shopping and household chores. An MRI the cervical spine is pending. Current medications include methadone, Norco, Flexeril, Prilosec, and other psychotropic medications. Pain is stated to be at 6/10 with the usage of methadone and further decreased to 5/10 with the usage of Norco. These medications were also stated to help her ability to perform activities of daily living. No aberrant behavior was noted and side effects included heartburn which was produced with the usage of Prilosec. An MRI the cervical spine dated July 31, 2013 revealed interbody fusion at C5 - C6 and C6 - C7 with degeneration and a subluxation at C4 - C5 with severe right foraminal stenosis.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Methadone 10mg #120:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines  
Page(s): 61-62.

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

**Decision rationale:** Per MTUS CPMTG, with regard to long-term users of opioids, and strategies for maintenance, MTUS recommends: "(a) Do not attempt to lower the dose if it is working. (b) Supplemental doses of break-through medication may be required for incidental pain, end-of dose pain, and pain that occurs with predictable situations. This can be determined by information that the patient provides from a pain diary or evaluation of additional need for supplemental medication." Upon review of the submitted medical records, Norco and Methadone result in a reduction in the VAS pain score and the ability to perform more ADLs. Further functional benefit may not be reasonable as the injured worker has already qualified for Home Health assistance. Severe pathology is demonstrated on her cervical MRI. The MTUS has a detailed list of recommendations for initiation and continuation of opioids in the context of efficacy required to substantiate medical necessity, and these recommendations do appear to have been addressed by the treating physician in the documentation available for review. To reach the MTUS definition of medical necessity for ongoing treatment in the context of safety, efforts to rule out aberrant behavior (ie CURES report, UDS, opiate agreement) and assure safe usage are needed. These also appear to be documented. I respectfully disagree with the UR physician's assertion that because the MED is above 120mg/day, the medications are not indicated. This is a situation where there is severe pathology (C4 subluxation) which is amenable to high dose opiate treatment. The request is medically necessary.

**Norco 10/325mg #80:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines  
Page(s): 78-81.

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

**Decision rationale:** MTUS CPMTG, with regard to long-term users of opioids, and strategies for maintenance, MTUS recommends: "(a) Do not attempt to lower the dose if it is working. (b) Supplemental doses of break-through medication may be required for incidental pain, end-of dose pain, and pain that occurs with predictable situations. This can be determined by information that the patient provides from a pain diary or evaluation of additional need for supplemental medication." Upon review of the submitted medical records, Norco and Methadone result in a reduction in the VAS pain score and the ability to perform more ADLs. Further functional benefit may not be reasonable as the injured worker has already qualified for Home Health assistance. Severe pathology is demonstrated on her cervical MRI. The MTUS has a detailed list of recommendations for initiation and continuation of opioids in the context of efficacy required to substantiate medical necessity, and these recommendations do appear to have been addressed by the treating physician in the documentation available for review. To reach the MTUS definition of medical necessity for ongoing treatment in the context of safety,

efforts to rule out aberrant behavior (ie CURES report, UDS, opiate agreement) and assure safe usage are needed. These also appear to be documented. I respectfully disagree with the UR physician's assertion that because the MED is above 120mg/day, the medications are not indicated. This is a situation where there is severe pathology (C4 subluxation) which is amenable to high dose opiate treatment. The request is medically necessary.