

<b>Case Number:</b>	CM14-0216790		
<b>Date Assigned:</b>	01/06/2015	<b>Date of Injury:</b>	05/09/1997
<b>Decision Date:</b>	02/28/2015	<b>UR Denial Date:</b>	12/16/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/26/2014

### 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  
 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:

This 61 year old female sustained a work related injury on 5/9/1997. The current diagnoses are lumbar disc displacement without myelopathy, degenerative disc disease of the lumbar spine, lumbar facet arthropathy, anxiety, and depression. According to the progress report dated 12/4/2014, the injured workers chief complaints were low back pain. The pain is rated 4/10 with medications and 10/10 without. Pain is worsened. On the day of examination, her pain was rated 7-8/10. The pain is described as sharp, burning, dull/aching, stabbing, numbness, pressure, and spasm. The physical examination revealed exquisite tenderness over L3-S1 with extension and lateral bend, highly suggestive of facet arthropathy. There was spasm noted over the paraspinal muscles L4-S1. Strength was decreased in the bilateral lower extremities. Sensation to pin was decreased in the left/right L4, right L5, and right S1 and decreased to light touch in the right lower extremities. Deep tendon reflexes in the upper and lower extremities were decreased but equal. Current medications are Methadone, Oxycodone, Soma, Klonopin, Metoprolol, and Prilosec. The injured worker was previously treated with medications, epidural injections, acupuncture, chiropractic, and physical therapy. On this date, the treating physician prescribed Methadone and Oxycodone, which is now under review. The medications were prescribed specifically for pain. When Methadone and Oxycodone was prescribed work status was permanent and stationary. On 12/16/2014, Utilization Review had non-certified a prescription for Methadone and Oxycodone. The medications were modified to allow for weaning. The California MTUS Chronic Pain Medical Treatment Guidelines were cited.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Methadone HCL 10mg #180:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines California Code of Regulations, Title 8. Effective July 18, 2009.

**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 chronic, sharp, burning and stabbing pain, numbness and spasms in the lower back and right hip, as per progress report dated 12/04/14. The request is for METHADONE. The pain is rated at 10/10 without medications and 4/10 with medications, as per the same progress report. 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. In this case, a prescription for Methadone is first seen progress report dated 06/19/14, and the patient has been using the medication consistently at least since then. In progress report dated 12/04/14, the treater states medications help reduce pain from 10/10 to 4/10. The treater also states that "The medications prescribed are keeping the patient functional, allowing for increased mobility, and tolerance of ADLs and home exercises." The change in pain scale appears significant for analgesia. However, for ADL's, only generic statements are provided without the specifics to show a significant functional improvements. No validated instruments are used to show functional improvement and no outcome measures are provided either, as required by MTUS. The treater does not document measurable increase in activities of daily living due to prolonged opioid use. In the same report, the treater states that UDS and CURES reports were reviewed. However, none of these results are available for review. The treater does not discuss side effects associated with Methadone use as well. Hence, the request for Methadone 10 mg # 180 IS NOT medically necessary.

**Oxycodone HCL #60:** 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 CRITERIA FOR USE OF OPIOIDS Page(s): 76-78,88-89.

**Decision rationale:** The patient presents with chronic, sharp, burning and stabbing pain, numbness and spasms in the lower back and right hip, as per progress report dated 12/04/14. The request is for OXYCODONE. The pain is rated at 10/10 without medications and 4/10 with medications, as per the same progress report. 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. In this case, a prescription for Oxycodone is first seen in a progress report dated 06/19/14, and the patient has been using the medication consistently at least since then. In a progress report dated 12/04/14, the treater states that medications help reduce pain from 10/10 to 4/10. The treater also states that "The medications prescribed are keeping the patient functional, allowing for increased mobility, and tolerance of ADLs and home exercises." The change in pain scale appears significant for analgesia. However, for ADLs, only generic statements are provided without the specifics to show a significant functional improvement. No validated instruments are used to show functional improvement and no outcome measures are provided either, as required by MTUS. The treater does not document a measurable increase in activities of daily living due to prolonged opioid use. In the same report, the treater states that UDS and CURES reports were reviewed. However, none of these results are available for review. The treater does not discuss side effects associated with Oxycodone use as well. Hence, the request for Oxycodone 30 mg # 60 IS NOT medically necessary.