

Case Number:	CM15-0015699		
Date Assigned:	02/03/2015	Date of Injury:	07/28/2000
Decision Date:	03/27/2015	UR Denial Date:	01/15/2015
Priority:	Standard	Application Received:	01/27/2015

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: California
 Certification(s)/Specialty: Internal Medicine

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 52 year old female, who sustained an industrial injury on 7/28/2000. On 1/27/15, the injured worker submitted an application for IMR for review of Hydrocodone/Acetaminophen 10/325mg, and Methadone 10mg tab 1 TID #60. The treating provider has reported the injured worker complained of continuing pain in low back, bilateral hips and right leg. The diagnoses have included postlaminectomy syndrome, pain in limb, sciatica, lumbago. Treatment to date has included epidural steroid injection, MRI lumbar (12/1/14), status post lumbar interbody fusion with instrumentation L5-S1, trigger point injections, TENS unit, spinal cord stimulator, physical therapy, aquatic therapy, cognitive behavioral therapy, acupuncture, chiropractic care, Yoga/medications, nutritional consultation/implementation of healing nutrition, functional restoration, psychotherapy. On 1/15/15 Utilization Review non-certified Hydrocodone/Acetaminophen 10/325mg, and Methadone 10mg tab 1 TID #60. The MTUS Guidelines were cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

Hydrocodone/Acetaminophen 10/325mg: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 78, 86.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page 74-96. Hydrocodone/Acetaminophen Page 91..

Decision rationale: Medical Treatment Utilization Schedule (MTUS) Chronic Pain Medical Treatment Guidelines (page 89) present the strategy for maintenance for long-term users of opioids. "Do not attempt to lower the dose if it is working." Supplemental doses of break-through medication may be required for incidental pain, end-of dose pain, and pain that occurs with predictable situations. The standard increase in dose is 25 to 50% for mild pain and 50 to 100% for severe pain. Actual maximum safe dose will be patient-specific and dependent on current and previous opioid exposure, as well as on whether the patient is using such medications chronically. Hydrocodone/Acetaminophen (Norco) is indicated for moderate to moderately severe pain. The pain management report dated 12-30-2014 documented a history of L5-S1 spine fusion surgery. Medical records document objective evidence of pathology. Medical records document objective evidence of pathology on MRI magnetic resonance imaging. Medical records document objective physical examination findings. Medical records document regular physician clinical evaluations and monitoring. Analgesia was documented. Activities of daily living were addressed. No adverse side effects were reported. Evaluation for aberrant behavior was documented. Controlled substance agreement was signed by the patient. The patient has tried and failed Oxycodone, Fentanyl, and Morphine Sulfate. Soma, Gabapentin, and Cymbalta were discontinued due to side effects. Lumbar MRI magnetic resonance imaging dated 12-01-2014 demonstrated prior interbody fusion surgery with instrumentation at L5-S1. Per MTUS, Hydrocodone / Acetaminophen (Norco) is indicated for moderate to moderately severe pain. The request for Norco (Hydrocodone/Acetaminophen) is supported by the medical records and MTUS guidelines. Therefore, the request for Hydrocodone / Acetaminophen 10/325 mg is medically necessary.

Methadone 10mg tab 1 TID #60: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 78, 86.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page 74-96.

Decision rationale: Medical Treatment Utilization Schedule (MTUS) Chronic Pain Medical Treatment Guidelines (page 89) present the strategy for maintenance for long-term users of opioids. "Do not attempt to lower the dose if it is working." Supplemental doses of break-through medication may be required for incidental pain, end-of dose pain, and pain that occurs with predictable situations. The standard increase in dose is 25 to 50% for mild pain and 50 to 100% for severe pain. Actual maximum safe dose will be patient-specific and dependent on current and previous opioid exposure, as well as on whether the patient is using such medications chronically. The pain management report dated 12-30-2014 documented a history of L5-S1 spine fusion surgery. Medical records document objective evidence of pathology. Medical

records document objective evidence of pathology on MRI magnetic resonance imaging. Medical records document objective physical examination findings. Medical records document regular physician clinical evaluations and monitoring. Analgesia was documented. Activities of daily living were addressed. No adverse side effects were reported. Evaluation for aberrant behavior was documented. Controlled substance agreement was signed by the patient. The patient has tried and failed Oxycodone, Fentanyl, and Morphine Sulfate. Soma, Gabapentin, and Cymbalta were discontinued due to side effects. Lumbar MRI magnetic resonance imaging dated 12-01-2014 demonstrated prior interbody fusion surgery with instrumentation at L5-S1. The request for Methadone is supported by the medical records and MTUS guidelines. Therefore, the request for Methadone is medically necessary.