

Case Number:	CM15-0016296		
Date Assigned:	02/04/2015	Date of Injury:	03/25/2008
Decision Date:	03/24/2015	UR Denial Date:	01/24/2015
Priority:	Standard	Application Received:	01/28/2015

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: Maryland, Texas, Virginia

Certification(s)/Specialty: Internal Medicine, Allergy and Immunology, Rheumatology

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 sustained an industrial injury on 3/25/08. The injured worker has complaints of neck pain that radiates down her bilateral upper extremities and is aggravated by activity and walking. She has low back pain that radiates down the bilateral lower extremities and is aggravated by activity and walking and she has ongoing headaches. The injured worker reports that she uses opioids pain medication that is helpful and reports noticeable improvement due to therapy. Her straight leg raise while seated was positive bilaterally at 70 degrees. The diagnoses have included chronic pain other; lumbar radiculopathy and depression. Treatment to date has included Magnetic Resonance Imaging (MRI) of lumbar spine 8/12/12; electrodiagnostic study 8/14/12; X-ray of lumbar spine 6/23/12 and urine drug screen 11/3/14 was inconsistent. According to the utilization review performed on 1/24/15, the requested Methadone HCL 10mg #30 has been modified to Methadone HCL10mg #10 to continue a weaning process or to allow the provider time to document derived functional benefit and the guidelines criteria. The requested Norco 10/325mg #140 has been modified to Norco 10/325mg #60 to continue a weaning process or to allow the provider time to document derived functional benefit and address the guidelines criteria. CA MTUS, 2009, Chronic Pain, pages 80-81, Opioids for chronic pain was used.

IMR ISSUES, DECISIONS AND RATIONALES

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

Methadone Hcl 10mg #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opiates Page(s): 80-81.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Methadone Page(s): 74-96. Decision based on Non-MTUS Citation Neck and Upper Back (Acute and Chronic), Low Back - Lumbar & Thoracic (Acute & Chronic), Shoulder, Pain, Opioids

Decision rationale: MTUS does not discourage use of opioids past 2 weeks, but does state that "ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Pain assessment should include the following: current pain; the least reported pain over the period since last assessment; average pain; intensity of pain after taking the opioid; how long it takes for pain relief; and how long pain relief lasts. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life." The treating physician does not fully document the increased level of function (able to perform ADLs but nothing else noted) and there is no evidence that she has returned to work. There have also been urine drug screens with inconsistent results. The previous UR modified it to allow for a wean which is appropriate. As such, the request for methadone 10 mg, #30 is not medically necessary.

Norco 10/325mg #140: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opiates Page(s): 80-81.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-96. Decision based on Non-MTUS Citation) Neck and Upper Back (Acute and Chronic), Low Back - Lumbar & Thoracic (Acute & Chronic), Shoulder, Pain, Opioids

Decision rationale: ODG does not recommend the use of opioids for neck, low back, and shoulder pain "except for short use for severe cases, not to exceed 2 weeks." The patient has exceeded the 2 week recommended treatment length for opioid usage. MTUS does not discourage use of opioids past 2 weeks, but does state that "ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Pain assessment should include: current pain; the least reported pain over the period since last assessment; average pain; intensity of pain after taking the opioid; how long it takes for pain relief; and how long pain relief lasts. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life The treating physician does not fully document the increased level of function (able to perform ADLs but nothing else noted) and there is no evidence that she has returned to work. There have also been urine drug screens with inconsistent results. The previous UR modified the request to allow for a wean which is appropriate. As such, the request for Norco 10/325mg #140 is not medically necessary.

