

<b>Case Number:</b>	CM15-0018948		
<b>Date Assigned:</b>	02/06/2015	<b>Date of Injury:</b>	04/26/2002
<b>Decision Date:</b>	03/31/2015	<b>UR Denial Date:</b>	01/26/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/02/2015

### 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: 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:

The injured worker is a 54 year old male with an industrial injury date of 04/26/2002. Follow up on 01/19/2015 notes the injured worker is doing OK. Provider states he did OK on one less Oxy IR per day. Marked scoliosis and antalgic gait were noted. In progress note dated 12/22/2014 the provider notes the injured worker's ability to live with any comfort and function is based on medication. Prior treatments include medications. The records submitted do not include any other prior treatments. Diagnosis is chronic recurrent pain (progressive collapse of spine). On 01/26/2015 utilization review issued a decision of non-certification for the prescription of Oxy IR 15 mg # 240. MTUS was cited. The request for Methadone 10 mg # 450 was modified to Methadone 10 mg # 293. MTUS was cited.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Oxy IR 15mg #240:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Oxycodone.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines  
CRITERIA FOR USE OF OPIOIDS Page(s): 76-78, 88-89.

**Decision rationale:** Per the reports provided the patient presents with marked scoliosis and antalgic gait along with severe pain. The current request is for OXY IR 15 mg #240 per the RFA dated 10/23/14. The reports do not state if the patient is working. 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. The treating physician states this medication was started 11/15/13 and that the patient has been prescribed opioids since 04/14/04. The 01/28/15 report states the patient has the most severe spinal disease complicated by injury, that the patient's case is an extreme outlier, and that pain is well controlled at times, but at other times it is unbearable. The treater states: he is able to engage in life to a limited degree only because of the opioids. The reports quote the patient as saying, without meds I can't possible cope. Regarding this medication the patient states: it allows me to actually function. Pain is not routinely assessed through the use of pain scales or a validated instrument in the reports provided. The MTUS guidelines require much more thorough documentation of analgesia with before and after pain scales and functional improvements with opioid usage. No specific ADL's are mentioned to show a significant change with use of this medication. The treater does state that side effects are addressed successfully; however, opiate management issues are not fully documented. No UDS's are included for review or discussed. In this case, analgesia, ADL's and opiate management have not been documented as required by the MTUS. The request IS NOT medically necessary.

**Methadone 10mg #450:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines  
Methadone, Opioids.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines  
CRITERIA FOR USE OF OPIOIDS Page(s): 76-78, 88-89.

**Decision rationale:** Per the reports provided the patient presents with marked scoliosis and antalgic gait along with severe pain. The current request is for METHADONE 10 mg #450. The RFA included is dated 10/23/14. The reports do not state if the patient is working. 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. The treating physician states this medication was started 04/14/04. The 01/28/15 report states the patient has the most severe spinal disease complicated by injury, that the patient's case is an extreme outlier, and that pain is well controlled at times, but at other times it is unbearable. The treater states: he is able to engage in

life to a limited degree only because of the opioids. The reports quote the patient as saying: Without meds I can't possible cope. Regarding this medication the patient states, without it I cannot get out of bed in the morning. Pain is not routinely assessed through the use of pain scales or a validated instrument in the reports provided. The MTUS guidelines require much more thorough documentation of analgesia with before and after pain scales and functional improvements with opioid usage. No specific ADL's are mentioned to show a significant change with use of this medication. The treater does state that side effects are addressed successfully; however, opiate management issues are not fully documented. No UDS's are included for review or discussed. In this case, analgesia, ADL's and opiate management have not been documented as required by the MTUS. The request IS NOT medically necessary.