

Case Number:	CM15-0112843		
Date Assigned:	06/19/2015	Date of Injury:	03/25/2008
Decision Date:	07/17/2015	UR Denial Date:	06/02/2015
Priority:	Standard	Application Received:	06/11/2015

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: Arizona, California
 Certification(s)/Specialty: Family Practice

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 3/25/2008. Diagnoses include chronic pain, lumbar radiculopathy and depression. Treatment to date has included medications including Methadone, Norco, Amitriptyline and Naproxen. Per the Primary Treating Physician's Progress Report dated 5/18/2015, the injured worker reported neck pain that radiates down the bilateral upper extremities, low back pain that radiates down the bilateral lower extremities, upper extremity pain bilaterally in the hands and lower extremity pain bilaterally in the feet. She also reports ongoing headaches. Physical examination of the lumbar spine revealed spasm and tenderness in the spinal vertebral area with moderately limited range of motion secondary to pain. Straight leg raise was positive bilaterally at 70 degrees. There was also tenderness noted on palpation of the left foot. The plan of care included medication and injections. Authorization was requested for Methadone 10mg #30 and Norco 10/325mg #

IMR ISSUES, DECISIONS AND RATIONALES

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

Methadone 10mg quantity 30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 9; 61-62; 74-97.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Methadone Page(s): 61.

Decision rationale: According to the guidelines, Methadone is recommended as a second-line drug for moderate to severe pain if the potential benefit outweighs the risk. It is only FDA-approved for detoxification and maintenance of narcotic addiction. In this case, there is no indication of need for detoxification or narcotic addiction. The claimant had been on Methadone with Norco for over a year. As a result, continued and long-term use of Methadone is not medically necessary.

Norco 10/325mg quantity 145: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 9; 74-97.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines opioids Page(s): 61.

Decision rationale: Norco is a short acting opioid used for breakthrough pain. According to the MTUS guidelines, it is not indicated as 1st line therapy for neuropathic pain, and chronic back pain. It is not indicated for mechanical or compressive etiologies. It is recommended for a trial basis for short-term use. Long Term-use has not been supported by any trials. In this case, the claimant had been on Norco for over a year in combination with Methadone without significant improvement in pain or function. There was no mention of weaning, Tricyclic, Tylenol or NSAID failure. The continued use of Norco is not medically necessary.