

<b>Case Number:</b>	CM15-0116930		
<b>Date Assigned:</b>	06/24/2015	<b>Date of Injury:</b>	05/30/2003
<b>Decision Date:</b>	08/25/2015	<b>UR Denial Date:</b>	05/20/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/16/2015

### 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 71 year old female who sustained an industrial injury on 05/30/2003. She reported falling and sustaining an injury to the neck, right shoulder and low back. The injured worker was diagnosed as having left lower extremity radiculitis secondary to spinal stenosis and degenerative disc disease, left greater trochanteric bursitis. Treatment to date has included medication management, physical therapy, and injections. She has had a rotator cuff repair arthroscopically on her right shoulder x2, and a left open shoulder. Currently, the injured worker complains of bilateral low back pain that is constant but variable in intensity. She describes the pain as burning, sharp and throbbing. The pain is aggravated by lumbar extension, lumbar flexion, standing, and walking. Alleviating factors include medication, sitting, and lying down. Her MRI of the lumbar spine noted stenosis on the left at L4-5 and she was given selective nerve root blocks at L4-L5. She experienced some relief with the injections. Medications include Flexeril, which gives her a 30 percent decrease in pain and spasm. She is in the maintenance phase of opioid therapy and is presently taking methadone which decreases her pain by 30 percent. She had a medial branch nerve block 05/15 that decreased her pain by 50%. Requests for authorization were made for the following: 1. Hydrocodone 10mg Acetaminophen 325mg (DND until 6/16/15) Qty: 180.00, 2. Methadone 10mg (DND until 6/16/15) Qty: 30.00, 3. Hydrocodone 10mg Acetaminophen 325mg (DND until 7/14/15) Qty: 180.00, 4. Methadone 10mg (DND until 7/14/15) Qty: 30.00, 5. Methadone 10mg Qty: 30.00, 6. Hydrocodone 10mg Acetaminophen 325mg Qty: 180.00.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Hydrocodone 10mg Acetaminophen 325mg (DND until 6/16/15) Qty: 180.00: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for use of Opioids Page(s): 78, 80.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Medications for chronic pain CRITERIA FOR USE OF OPIOIDS Page(s): 60, 61, 88, 89, 76-78.

**Decision rationale:** The patient complains of lower back pain along with weakness and numbness in bilateral lower extremities, as per progress report dated 05/12/15. The request is for HYDROCODONE 10mg ACETAMINOPHEN 325mg (DND UNTIL 6/16/15) QTY: 180.00. There is no RFA for this case, and the patient's date of injury is 05/30/03. Diagnoses, as per progress report dated 05/12/15, included sacroiliac joint pain, enthesopathy of hip region, disorder of bursa of shoulder region, degeneration of lumbar intervertebral disc, cervical spondylosis, and lumbosacral radiculitis. Medications included Abilify, Ibuprofen, Combivent, Cyclobenzaprine, Dicyclomine, Hydrocodone, Lyrica, Methadone, Ondansetron, Pantoprazole, Temazepam, Valacyclovir, and Nasonex. MRI of the lumbar spine, dated 03/23/12, revealed multilevel disc desiccation, moderate bilateral foraminal stenosis with facet hypertrophy at L3-4, severe left foraminal stenosis with moderate facet hypertrophy at L4-5, and moderate right foraminal stenosis at L5-S1. The patient is status post right shoulder arthroscopy and has retired, 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. Pages 80, 81 of MTUS also states "There are virtually no studies of opioids for treatment of chronic lumbar root pain with resultant Radiculopathy," and for chronic back pain, it "Appears to be efficacious but limited for short-term pain relief, and long-term efficacy is unclear (>16 weeks), but also appears limited." In this case, a prescription for hydrocodone-acetaminophen is first noted in progress report dated 11/04/14, and the patient has been taking the medication consistently at least since then. The treater, however, does not use a pain scale to demonstrate reduction in pain due to this medication nor does the treater provide specific examples that indicate improvement in function. There is no discussion regarding side effects of Norco. Additionally, no UDS or CURES reports are available for review. MTUS requires a clear discussion regarding the 4As, including analgesia, ADLs, adverse side effects, and aberrant behavior, for continued opioid use. Hence, the request IS NOT medically necessary.

**Methadone 10mg (DND until 6/16/15) Qty: 30.00: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for use of Opioids Page(s): 78, 80.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Medications for chronic pain CRITERIA FOR USE OF OPIOIDS Page(s): 60 ,61, 88 ,89, 76-78.

**Decision rationale:** The patient complains of lower back pain along with weakness and numbness in bilateral lower extremities. The request is for METHADONE 10mg (DND UNTIL 6/16/15) QTY: 30.00. There is no RFA for this case, and the patient's date of injury is 05/30/03. Diagnoses, as per progress report dated 05/12/15, included sacroiliac joint pain, enthesopathy of hip region, disorder of bursa of shoulder region, degeneration of lumbar intervertebral disc, cervical spondylosis, and lumbosacral radiculitis. Medications included Abilify, Ibuprofen, Combivent, Cyclobenzaprine, Dicyclomine, Hydrocodone, Lyrica, Methadone, Ondansetron, Pantoprazole, Temazepam, Valacyclovir, and Nasonex. MRI of the lumbar spine, dated 03/23/12, revealed multilevel disc desiccation, moderate bilateral foraminal stenosis with facet hypertrophy at L3-4, severe left foraminal stenosis with moderate facet hypertrophy at L4-5, and moderate right foraminal stenosis at L5-S1. The patient is status post right shoulder arthroscopy and has retired, 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. Pages 80, 81 of MTUS also states "There are virtually no studies of opioids for treatment of chronic lumbar root pain with resultant Radiculopathy," and for chronic back pain, it "Appears to be efficacious but limited for short-term pain relief, and long-term efficacy is unclear (>16 weeks), but also appears limited." In this case, a prescription for Methadone is first noted in progress report dated 11/04/14, and the patient has been taking the medication consistently at least since then. In progress report dated 05/12/15, the treater states that methadone leads to 30 percent decrease in pain, and the patient is not experiencing any side effects or adverse behavior due its use. The treater, however, does not provide specific examples that indicate improvement in function. Additionally, no UDS or CURES reports are available for review. MTUS requires a clear discussion regarding the 4As, including analgesia, ADLs, adverse side effects, and aberrant behavior, for continued opioid use. Hence, the request IS NOT medically necessary.

**Hydrocodone 10mg Acetaminophen 325mg (DND until 7/14/15) Qty: 180.00: Upheld**

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**Decision rationale:** The patient complains of lower back pain along with weakness and numbness in bilateral lower extremities. The request is for HYDROCODONE 10mg ACETAMINOPHEN 325mg (DND UNTIL 7/14/15) QTY: 180.00. There is no RFA for this case, and the patient's date of injury is 05/30/03. Diagnoses, as per progress report dated 05/12/15, included sacroiliac joint pain, enthesopathy of hip region, disorder of bursa of shoulder region, degeneration of lumbar intervertebral disc, cervical spondylosis, and lumbosacral

radiculitis. Medications included Abilify, Ibuprofen, Combivent, Cyclobenzaprine, Dicyclomine, Hydrocodone, Lyrica, Methadone, Ondansetron, Pantoprazole, Temazepam, Valacyclovir, and Nasonex. MRI of the lumbar spine, dated 03/23/12, revealed multilevel disc desiccation, moderate bilateral foraminal stenosis with facet hypertrophy at L3-4, severe left foraminal stenosis with moderate facet hypertrophy at L4-5, and moderate right foraminal stenosis at L5-S1. The patient is status post right shoulder arthroscopy and has retired, 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. Pages 80, 81 of MTUS also states "There are virtually no studies of opioids for treatment of chronic lumbar root pain with resultant Radiculopathy," and for chronic back pain, it "Appears to be efficacious but limited for short-term pain relief, and long-term efficacy is unclear (>16 weeks), but also appears limited." In this case, a prescription for hydrocodone-acetaminophen is first noted in progress report dated 11/04/14, and the patient has been taking the medication consistently at least since then. The treater, however, does not use a pain scale to demonstrate reduction in pain due to Hydromorphone nor does the treater provide specific examples that indicate improvement in function. There is no discussion regarding side effects of this medication. Additionally, no UDS or CURES reports are available for review. MTUS requires a clear discussion regarding the 4As, including analgesia, ADLs, adverse side effects, and aberrant behavior, for continued opioid use. Hence, the request IS NOT medically necessary.

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(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. Pages 80, 81 of MTUS also states "There are virtually no studies of opioids for treatment of chronic lumbar root pain with resultant Radiculopathy," and for chronic back pain, it "Appears to be efficacious but limited for short-term pain relief, and long-term efficacy is unclear (>16 weeks), but also appears limited." In this case, a prescription for Methadone is first noted in progress report dated 11/04/14, and the patient has been taking the medication consistently at least since then. In progress report dated 05/12/15, the treater states that methadone leads to 30 percent decrease in pain, and the patient is not experiencing any side effects or adverse behavior due its use. The treater, however, does not provide specific examples that indicate improvement in function. Additionally, no UDS or CURES reports are available for review. MTUS requires a clear discussion regarding the 4As, including analgesia, ADLs, adverse side effects, and aberrant behavior, for continued opioid use. Hence, the request IS NOT medically necessary.