

Case Number:	CM15-0129479		
Date Assigned:	07/21/2015	Date of Injury:	08/31/1995
Decision Date:	08/18/2015	UR Denial Date:	06/04/2015
Priority:	Standard	Application Received:	07/06/2015

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: Emergency 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 74 year old female, who sustained an industrial injury on August 31, 1995. The injured worker reported falling down concrete stairs. The injured worker was diagnosed as having lumbar radiculopathy and spinal stenosis, muscle spasm, foot pain, hip pain, low back pain and wrist pain. Treatment to date has included x-rays, magnetic resonance imaging (MRI), electromyogram, nerve conduction study, right knee replacement, left hip replacement, therapy, epidural steroid injection and medication. A progress note dated May 27, 2015 provides the injured worker complains of headache, neck pain, hip pain, leg pain, low back pain, hand pain and foot pain. She rates her pain 7/10 with medication and 10/10 without medication. She reports her activity level is decreased and her sleep quality is fair. She reports Norco has improved her breakthrough pain management. Physical exam notes the injured worker appears to be in moderate distress, depressed and fatigued. There is an antalgic gait with the use of a walker. There is decreased lumbar range of motion (ROM) with tenderness on palpation and spasm. Straight leg raise is positive on the left and there is lumbar facet loading of the right. The tops of the bilateral feet are tender on palpation and there is decreased sensation of the anterior aspect. The plan includes medication.

IMR ISSUES, DECISIONS AND RATIONALES

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

Methadone HCL 10mg #210: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines opioids, weaning of medications.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Methadone Opioids Page(s): 61-62 and 76-79.

Decision rationale: Methadone is a long acting opioid. As per MTUS guidelines, methadone is a second line treatment for pain. There are significant risks in methadone treatment that must be weighed against benefit. As per MTUS Chronic pain guidelines, documentation requires appropriate documentation of analgesia, activity of daily living, adverse events and aberrant behavior. Documentation does not meet the appropriate documentation or analgesia criteria. Patient continues to have severe pain and has limited function. Guidelines also recommend limiting opioid use to less than 120mg Morphine Equivalent Dose (MED) a day. Patient takes an astounding 70mg methadone a day using a frequent 3 times a day schedule. That amount of methadone equates to 840mg MED a day in methadone alone, exceeding maximum daily allowance by almost 7times. This is an elderly patient on multiple sedating medications and multiple opioids with no documentation of any benefit. Patient has a high risk of fall and high risk of over sedation and death. Current opioid regiment is completely inappropriate. Methadone is not medically necessary.

Norco 10/325mg #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 76-79.

Decision rationale: Norco has hydrocodone, an opioid. As per MTUS Chronic pain guidelines, documentation requires appropriate documentation of analgesia, activity of daily living, adverse events and aberrant behavior. Documentation does not meet the appropriate documentation or analgesia criteria. Patient continues to have severe pain and has limited function. Guidelines also recommend limiting opioid use to less than 120mg Morphine Equivalent Dose (MED) a day. Patient takes an astounding 70mg methadone a day using a frequent 3 times a day schedule. That amount of methadone equates to 840mg MED a day in methadone alone, exceeding maximum daily allowance by almost 7times. This is an elderly patient on multiple sedating medications and multiple opioids with no documentation of any benefit. Patient has a high risk of fall and high risk of over sedation and death. Current opioid regiment is completely inappropriate. Norco is not medically necessary.