

Case Number:	CM15-0171994		
Date Assigned:	09/14/2015	Date of Injury:	03/25/2008
Decision Date:	10/19/2015	UR Denial Date:	08/24/2015
Priority:	Standard	Application Received:	09/01/2015

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, District of Columbia, Maryland
 Certification(s)/Specialty: Anesthesiology, Pain Management

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. The injured worker was diagnosed as having chronic pain, other, lumbar radiculopathy, and depression. Treatment to date has included diagnostics, physical therapy, mental health, and medications. Urine toxicology (2-23-2015) was positive for Methadone and opiates, at which time pain was rated 6 out of 10 with medication use and 10 out of 10 without. Urine toxicology (5-18-2015) was positive for Methadone, opiates, and tricyclic antidepressants, at which time pain was rated 5 out of 10 with medications and 10 out of 10 without. Currently (8-10-2015), the injured worker complains of neck pain with radiation down the bilateral upper extremities, low back pain with radiation down the bilateral lower extremities, bilateral foot pain, and ongoing headaches. Pain was unchanged since last visit and rated 6 out of 10 with medication use and 10 of 10 without. She reported "ongoing activity of daily living limitations" in self-care and hygiene, activity, ambulation, hand function, sleep, and sex. She continued to use opioid medication and reported time until pain relief approximately 1 hour and duration 4-5 hours. The least reported pain was rated 5 of 10. She reported that without pain medication, she "would end up in the emergency room daily due to severe pain". She reported improved quality of life with treatment. Areas of functional improvement were noted as bathing, brushing teeth, concentrating, dressing, mood, and sleeping. Her exam noted her as cooperative and tearful, in "moderate" distress. Exam of the lumbar spine noted spasm, tenderness to palpation in the spinal vertebral area L4-S1 levels, "moderately" limited range of motion and positive straight leg raise

bilaterally. Lower extremity strength and sensation was unchanged. Tried and failed medications included Amitriptyline and Naproxen. CURES (Controlled Substance Utilization Review and Evaluation System) report (5-18-2015) showed no inconsistencies. The treating physician documented that she has developed opiate tolerance due to long-term opiate use and that weaning has been unsuccessful (including attempted weaning November through December 2014). She was currently not working. The treatment plan included continued Methadone 10mg #30 with 1 refill and Norco 10-325mg #130 with 1 refill, modified by Utilization Review on 8-24-2015 to Methadone 10mg #30 with 0 refills and Norco 10-325mg #130 with 0 refills.

IMR ISSUES, DECISIONS AND RATIONALES

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

Methadone 10mg #30 with 1 Refill: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, criteria for use.

Decision rationale: With regard to methadone, the MTUS CPMTG states: "Recommended as a second-line drug for moderate to severe pain if the potential benefit outweighs the risk. The FDA reports that they have received reports of severe morbidity and mortality with this medication. This appears, in part, secondary to the long half-life of the drug (8-59 hours). Pain relief on the other hand only lasts from 4-8 hours. Methadone should only be prescribed by providers experienced in using it." Per MTUS Chronic Pain Medical Treatment Guidelines p78 regarding on-going management of opioids "Four domains have been proposed as most relevant for ongoing monitoring of chronic pain patients on opioids: Pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant (or non-adherent) drug related behaviors. These domains have been summarized as the '4 A's' (Analgesia, activities of daily living, adverse side effects, and any aberrant drug-taking behaviors). The monitoring of these outcomes over time should affect therapeutic decisions and provide a framework for documentation of the clinical use of these controlled drugs." Per the medical records, It was noted that the injured worker rated pain 10/10 and 6/10 with medications. "She reported that without pain medication, she "would end up in the emergency room daily due to severe pain". She reported improved quality of life with treatment. Areas of functional improvement were noted as bathing, brushing teeth, concentrating, dressing, mood, and sleeping." Efforts to rule out aberrant behavior (e.g. CURES report, UDS, opiate agreement) are necessary to assure safe usage and establish medical necessity. The medical records contain evidence of ongoing urine drug screening, UDS dated 5/2015 was consistent with prescribed medications. CURES report was appropriate. However, the request for 2-month supply is not appropriate, as it does not allow for timely reassessment of efficacy. The request is not medically necessary.

Norco 10/325mg #130 with 1 Refill: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, criteria for use.

Decision rationale: Per MTUS Chronic Pain Medical Treatment Guidelines p78 regarding ongoing management of opioids "Four domains have been proposed as most relevant for ongoing monitoring of chronic pain patients on opioids: Pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant (or non-adherent) drug related behaviors. These domains have been summarized as the '4 A's' (Analgesia, activities of daily living, adverse side effects, and any aberrant drug-taking behaviors). The monitoring of these outcomes over time should affect therapeutic decisions and provide a framework for documentation of the clinical use of these controlled drugs." Per the medical records, It was noted that the injured worker rated pain 10/10 and 6/10 with medications. "She reported that without pain medication, she "would end up in the emergency room daily due to severe pain". She reported improved quality of life with treatment. Areas of functional improvement were noted as bathing, brushing teeth, concentrating, dressing, mood, and sleeping." Efforts to rule out aberrant behavior (e.g. CURES report, UDS, opiate agreement) are necessary to assure safe usage and establish medical necessity. The medical records contain evidence of ongoing urine drug screening, UDS dated 5/2015 was consistent with prescribed medications. CURES report was appropriate. However, the request for 2-month supply is not appropriate, as it does not allow for timely reassessment of efficacy. The request is not medically necessary.