

Case Number:	CM15-0179298		
Date Assigned:	10/13/2015	Date of Injury:	04/09/1999
Decision Date:	11/24/2015	UR Denial Date:	08/12/2015
Priority:	Standard	Application Received:	09/11/2015

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: 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:

This 68 year old man sustained an industrial injury on 4-9-1999. Diagnoses include status post low back surgery. Treatment has included oral medications. Physician notes dated 7-15-2015 show complaints of low back pain rated 9 out of 10 with radiation to the bilateral lower extremities with associated numbness and tingling. The worker has been taking the same medication regimen since at least July 2014. The physical examination shows lumbar spine range of motion noted to be flexion 20 degrees, extension 5 degrees, and bilateral lateral flexion 10 degrees. Recommendations include Tizanidine, Temazepam, Lyrica, Lexapro, Prozac, Norco, Methadone, and follow up in six weeks. Utilization Review denied requests for Norco and Methadone on 8-12-2015.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg #120: 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, Medications for chronic pain, Opioids for chronic pain.

Decision rationale: The patient presents with low back pain radiating to bilateral lower extremities. The request is for NORCO 10/325MG #120. Patient is status post lumbar spine surgery 2001. Physical examination to the lumbar spine on 09/01/15 revealed tenderness to palpation over the paraspinal muscles. Range of motion was noted to be limited. Per 07/23/15 progress report, patient's diagnosis includes status post low back surgery 2001. Patient's medications, per 06/25/15 progress report include Tiazidine, Temazepam, Lyrica, Lexapro, Norco, and Methadone. Patient is temporarily totally disabled. MTUS, CRITERIA FOR USE OF OPIOIDS Section, 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, CRITERIA FOR USE OF OPIOIDS Section, 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. MTUS, CRITERIA FOR USE OF OPIOIDS Section, p77, states that "function should include social, physical, psychological, daily and work activities, and should be performed using a validated instrument or numerical rating scale." MTUS, MEDICATIONS FOR CHRONIC PAIN Section, page 60 states that "Relief of pain with the use of medications is generally temporary, and measures of the lasting benefit from this modality should include evaluating the effect of pain relief in relationship to improvements in function and increased activity." MTUS, OPIOIDS FOR CHRONIC PAIN Section, pages 80 and 81 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." MTUS, p90 states, "Hydrocodone has a recommended maximum dose of 60mg/24hrs." The treater has not specifically discussed this request. The utilization review letter dated 08/12/15 has modified the request to #44, recommending a taper. Review of the medical records provided indicate that the patient has been utilizing Norco since at least 02/27/15. However, there are no discussions in regards to Norco's impact on the patient's pain and function. No before and after pain scales are used for analgesia. No ADL's are discussed showing specific functional improvement. There are UDS test results, no discussions on CURES, and no discussions on adverse effect and other measures of aberrant behavior. Outcome measures are not discussed and no validated instruments are used showing functional improvement as required by MTUS. Furthermore, MTUS does not support long-term use of opiates for chronic low back pain and on-going use of opiates does not appear appropriate for this patient's condition. The request IS NOT medically necessary.

Methadone 10mg #90: 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, Opioids for chronic pain, Medications for chronic pain.

Decision rationale: The patient presents with low back pain radiating to bilateral lower extremities. The request is for METHADONE 10MG #90. Patient is status post lumbar spine surgery 2001. Physical examination to the lumbar spine on 09/01/15 revealed tenderness to palpation over the paraspinal muscles. Range of motion was noted to be limited. Per 07/23/15 progress report, patient's diagnosis includes status post low back surgery 2001. Patient's medications, per 06/25/15 progress report include Tiazidine, Temazepam, Lyrica, Lexapro, Norco, and Methadone. Patient is temporarily totally disabled. MTUS, CRITERIA FOR USE OF OPIOIDS Section, 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, CRITERIA FOR USE OF OPIOIDS Section, 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. MTUS, CRITERIA FOR USE OF OPIOIDS Section, p77, states that "function should include social, physical, psychological, daily and work activities, and should be performed using a validated instrument or numerical rating scale." MTUS, MEDICATIONS FOR CHRONIC PAIN Section, page 60 states that "Relief of pain with the use of medications is generally temporary, and measures of the lasting benefit from this modality should include evaluating the effect of pain relief in relationship to improvements in function and increased activity." MTUS, OPIOIDS FOR CHRONIC PAIN Section, pages 80 and 81 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." The treater has not addressed this request. Review of the medical records provided indicate that the patient has been utilizing Oxycodone IR since at least 02/27/15. However, the treater has not appropriately addressed the 4A's as required by MTUS. Treater has not stated how Methadone decreases pain and significantly improves patient's activities of daily living. There are no discussions regarding adverse side effects, aberrant behavior, specific ADL's, etc. There are no UDS test results; CURES or opioid pain contracts were not provided. No discussions of change in work status or return to work were provided, either. Given the lack of documentation as required by MTUS, continued use of this medication cannot be warranted. Furthermore, MTUS does not support long-term use of opiates for chronic low back pain and on-going use of opiates does not appear appropriate for this patient's condition. Therefore, the request IS NOT medically necessary.