

<b>Case Number:</b>	CM15-0068984		
<b>Date Assigned:</b>	04/16/2015	<b>Date of Injury:</b>	11/19/1996
<b>Decision Date:</b>	05/15/2015	<b>UR Denial Date:</b>	03/19/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/12/2015

### 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: Georgia

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 male, who sustained an industrial injury on November 19, 1996. The injured worker's initial complaints and diagnoses are not included in the provided documentation. The injured worker was diagnosed as having low back pain, chronic pain syndrome, chronic low back pain, and thoracic or lumbosacral neuritis or radiculitis. Diagnostic studies include urine drug screening. Treatment to date has included a lumbar facet joint injections, epidural steroid injections, home exercise program, stretching, and topical pain, anti-epilepsy, muscle relaxant, antidepressant, non-steroidal anti-inflammatory and opioid medications. On April 9, 2015, the injured worker complains of increasing left lower extremity pain with slowly progressive weakness. He complains of intermittent pain, numbness, and tingling radiating down both legs, worse on the left than the right. Associated symptoms include left knee clicking with stair ascension and occasional loss of step or stumbling. He reports his pain is worse with forward bending and some pain relief with extension. His pain upon awakening in the morning is rated 7-9 out of 10. The onset of pain relief from his morning opioid medication is one hour. Then depending on the day and his activities, his pain decreases to 2-5 out of 10. His pain increases throughout the day. His pain relief lasts three hours in the morning, 5 hours in the afternoon, and 8 to 10 hours in the evening. He has unsuccessfully attempted to decrease one of his opioid medications in the past. His medication allows him to work full time and sleep through the night until awakening from pain in the morning. The physical exam revealed a global antalgic gait, stooped and wide-based gait, restricted lumbar range of motion, a positive right straight leg raise, and positive bilateral Faber and Trendelenburg testing. Muscle

strength testing was limited due to pain, but manual testing revealed the bilateral lower extremities were quite strong. The sensory exam was normal. The deep tendon reflex exam revealed the right Achilles was 3+, a 4 beat clonus of the left Achilles, and 3+ bilateral patellar. The treatment plan includes the continuing of his opioid medications.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

#### **Methadone 10mg #120: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for use of Opioids.

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

**Decision rationale:** Methadone 10 mg #120 is not medically necessary. Per MTUS Page 79 of MTUS guidelines states that weaning of opioids are recommended if (a) there are no overall improvement in function, unless there are extenuating circumstances (b) continuing pain with evidence of intolerable adverse effects (c) decrease in functioning (d) resolution of pain (e) if serious non-adherence is occurring (f) the patient requests discontinuing. The claimant's medical records did not document that there was an overall improvement in function or a return to work with previous opioid therapy. The claimant has long-term use with this medication and there was a lack of improved function with this opioid; therefore Norco is not medically necessary.

#### **Tramadol 50mg #90 orally TID PRN: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for use of Opioids.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Tramadol Page(s): 83.

**Decision rationale:** Methadone 10 mg #120 is not medically necessary. Per MTUS Page 79 of MTUS guidelines states that weaning of opioids are recommended if (a) there are no overall improvement in function, unless there are extenuating circumstances (b) continuing pain with evidence of intolerable adverse effects (c) decrease in functioning (d) resolution of pain (e) if serious non-adherence is occurring (f) the patient requests discontinuing. The claimant's medical records did not document that there was an overall improvement in function or a return to work with previous opioid therapy. The claimant has long-term use with this medication and there was a lack of improved function with this opioid; therefore Norco is not medically necessary.