

Case Number:	CM15-0071166		
Date Assigned:	04/21/2015	Date of Injury:	08/31/1995
Decision Date:	05/21/2015	UR Denial Date:	03/26/2015
Priority:	Standard	Application Received:	04/15/2015

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: New Jersey
 Certification(s)/Specialty: Family Practice

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 08/31/1995. According to a progress report dated 03/04/2015, the injured worker was seen for neck pain, lower backache, bilateral lower extremity pain, bilateral hip pain, right hand pain and bilateral feet pain. Pain level was noted to be decreased since the prior visit. Pain with was rated 6 on a scale of 1-10 with medications and 10 without medications. She reported that pain had considerably improved since the addition of Norco. She had difficulty with ambulation. Quality of sleep was fair and activity level remained the same. Current medications included Senokot, Soma, Ambien, Miralax, Colace, Methadone and Norco. Medications tried in the past included Nucynta, Amitiza, Fentanyl, Terocin Lotion, topical compound creams and Dilaudid. Treatments to date have included MRI, electrodiagnostic studies, medications, and epidural injection. Diagnoses included lumbar radiculopathy, spinal stenosis lumbar, foot pain, spasm of muscle, hip pain, low back pain and wrist pain. The provider noted that the injured worker's current medications would be continued. Currently under review is the request for Norco 10/325mg sixty-count and Methadone HCL 10mg 210 count.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325 mg, sixty count: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 78-96.

Decision rationale: The MTUS Chronic Pain Medical Treatment Guidelines state that opioids may be considered for moderate to severe chronic pain as a secondary treatment, but require that for continued opioid use, there is to be ongoing review and documentation of pain relief, functional status, appropriate medication use with implementation of a signed opioid contract, drug screening (when appropriate), review of non-opioid means of pain control, using the lowest possible dose, making sure prescriptions are from a single practitioner and pharmacy, and side effects, as well as consultation with pain specialist if after 3 months unsuccessful with opioid use, all in order to improve function as criteria necessary to support the medical necessity of opioids. Long-term use and continuation of opioids requires this comprehensive review with documentation to justify continuation. In the case of this worker, adding on Norco to her pain treatment regimen reportedly further decreased her pain levels and improved her overall function. Although continually increasing opioids has potential risks, there were no reported side effects or abnormal behavior which suggested she needed to start weaning down on opioids, since she appeared to have tried many other treatments and failed. Therefore, it is reasonable and medically necessary to continue the Norco at this time.

Methadone HCL 10 mg, 210 count: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 78-96.

Decision rationale: The MTUS Chronic Pain Medical Treatment Guidelines state that opioids may be considered for moderate to severe chronic pain as a secondary treatment, but require that for continued opioid use, there is to be ongoing review and documentation of pain relief, functional status, appropriate medication use with implementation of a signed opioid contract, drug screening (when appropriate), review of non-opioid means of pain control, using the lowest possible dose, making sure prescriptions are from a single practitioner and pharmacy, and side effects, as well as consultation with pain specialist if after 3 months unsuccessful with opioid use, all in order to improve function as criteria necessary to support the medical necessity of opioids. Long-term use and continuation of opioids requires this comprehensive review with documentation to justify continuation. In the case of this worker, the ongoing high doses of methadone had been increased over time likely due to tolerance to opioids. Although this will likely worsen over time as she continues methadone and other opioids (Norco), the methadone clearly decreased her pain levels and improved her overall function, as documented clearly in the notes available for review. Although continually increasing opioids has potential risks, there were no reported side effects or abnormal behavior, which suggested she needed to start weaning

down on opioids, since she appeared to have tried many other treatments and failed. Therefore, it is reasonable and medically necessary to continue the methadone at this time with careful monitoring.