

<b>Case Number:</b>	CM15-0072849		
<b>Date Assigned:</b>	04/23/2015	<b>Date of Injury:</b>	01/29/2004
<b>Decision Date:</b>	05/27/2015	<b>UR Denial Date:</b>	04/03/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/16/2015

### 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:

The injured worker is a 44-year-old male, who sustained an industrial injury on January 29, 2004. He has reported neck pain, shoulder pain, back pain, and knee pain. Diagnoses have included shoulder joint pain, thoracic degenerative disc disease, lumbar degenerative disc disease, lumbar facet arthropathy, post laminectomy syndrome, and cervicalgia. Treatment to date has included medications, lumbar spine epidural steroid injection, lumbar spine fusion, and imaging studies. A progress note dated January 15, 2015 indicates a chief complaint of continued neck pain, mid back pain, and lower back pain. The injured worker reported that the pain increased significantly without medications. The treating physician documented a plan of care that included medications.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Methadone 10mg #180:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines  
CRITERIA FOR USE OF OPIOIDS Hydrocodone Page(s): 76-78, 88-90.

**Decision rationale:** The patient presents with neck, back and right shoulder pain rated 8-10/10 without and 5-6/10 with medications. The request is for METHADONE 10MG #180. The request for authorization is dated 01/16/15. The patient is status-post back surgery, 2011. MRI of the cervical spine, 11/17/14, shows C2-4 disc bulge, C4-7 disc protrusion with LT C7 nerve involvement, C4-5 osteophytosis with canal narrowing. MRI of the thoracic spine, 11/17/14, shows degenerative disc disease, Kyphosis, Schmoris node, and diffuse disc bulge. MRI of the lumbar spine, 11/17/14, shows L4-5 disc protrusion, and degenerative disc disease. Physical examination of the back reveals tender thoracic and lumbar spine, decreased range of motion of torso and back due to pain, and positive sensory deficits in L4-5 dermatomes. Examination of the extremities reveals sensory deficits in lower extremities L5-S1 dermatomes, decreased range of motion of right shoulder, tenderness, and positive crepitus. He states continued 40-50% relief with use of his pain medications. He states continued benefit with use of his pain medications which allow him to continue to perform household chores throughout the day, walk around house, as well as go fishing and cook for himself. He stated no significant benefit with LESI and in fact, states flare-up of his pain after injection. Patient is encouraged to continue his activities as tolerated, to increase overall activity, as well as stretching daily to minimize chronic pain. Patient's medications include Methadone, Valium and Norco. Per progress report dated 01/15/15, the patient is not working. MTUS Guidelines 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 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 p90, maximum dose for Hydrocodone, 60mg/day. Per progress report dated 01/15/15, treater's reason for the request is "continued need for use of his Methadone at max 6/day for his chronic pain." The patient has been prescribed Methadone since at least 01/16/14. Treater discusses how Methadone significantly improves patient's activities of daily living with specific examples of ADL's, perform household chores, walk around the house, go fishing and cook for himself. Analgesia is discussed, specifically showing pain reduction of 40-50% with use of Methadone. However, no validated instrument is used to show functional improvement. Additionally, there is no documentation or discussion regarding adverse effects and aberrant drug behavior. Furthermore, there is no UDS, CURES or opioid pain contract. MTUS requires appropriate discussion of the 4A's, and in addressing the 4A's, treater discusses some but not all of the 4A's as required by guidelines. Therefore, given the lack of documentation as required by MTUS, the request IS NOT medically necessary.

**Norco 10/325mg #90:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines  
CRITERIA FOR USE OF OPIOIDS Hydrocodone Page(s): 76-78, 88-90.

**Decision rationale:** The patient presents with neck, back and right shoulder pain rated 8-10/10 without and 5-6/10 with medications. The request is for NORCO 10/325MG #90. The request for authorization is dated 01/16/15. The patient is status-post back surgery, 2011. MRI of the cervical spine, 11/17/14, shows C2-4 disc bulge, C4-7 disc protrusion with LT C7 nerve involvement, C4-5 osteophytosis with canal narrowing. MRI of the thoracic spine, 11/17/14, shows degenerative disc disease, Kyphosis, Schmoris node, and diffuse disc bulge. MRI of the lumbar spine, 11/17/14, shows L4-5 disc protrusion, and degenerative disc disease. Physical examination of the back reveals tender thoracic and lumbar spine, decreased range of motion of torso and back due to pain, and positive sensory deficits in L4-5 dermatomes. Examination of the extremities reveals sensory deficits in lower extremities L5-S1 dermatomes, decreased range of motion of right shoulder, tenderness, and positive crepitus. He states continued 40-50% relief with use of his pain medications. He states continued benefit with use of his pain medications which allow him to continue to perform household chores throughout the day, walk around house, as well as go fishing and cook for himself. He stated no significant benefit with LESI and in fact, states flare-up of his pain after injection. Patient is encouraged to continue his activities as tolerated, to increase overall activity, as well as stretching daily to minimize chronic pain. Patient's medications include Methadone, Valium and Norco. Per progress report dated 01/15/15, the patient is not working. MTUS Guidelines 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 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 p90, maximum dose for Hydrocodone, 60mg/day. Treater does not specifically discuss this medication. The patient has been prescribed Norco since at least 01/16/14. Treater discusses how Norco significantly improves patient's activities of daily living with specific examples of ADL's, perform household chores, walk around the house, go fishing and cook for himself. Analgesia is discussed, specifically showing pain reduction of 40-50% with use of Norco. However, no validated instrument is used to show functional improvement. Additionally, there is no documentation or discussion regarding adverse effects and aberrant drug behavior. Furthermore, there is no UDS, CURES or opioid pain contract. MTUS requires appropriate discussion of the 4A's, and in addressing the 4A's, treater discusses some but not all of the 4A's as required by guidelines. Therefore, given the lack of documentation as required by MTUS, the request IS NOT medically necessary.