

<b>Case Number:</b>	CM15-0077256		
<b>Date Assigned:</b>	04/28/2015	<b>Date of Injury:</b>	03/25/2008
<b>Decision Date:</b>	05/28/2015	<b>UR Denial Date:</b>	04/21/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/22/2015

### 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: Emergency Medicine

### 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 52 year old female, who sustained an industrial injury on March 25, 2008, incurring back injuries from repetitive movements. She was diagnosed with lumbosacral sprain with bilateral lower extremity lumbar radiculopathy. Treatment included physical therapy and pain medications. Currently, the injured worker complained of low back pain radiating to the lower extremities and are increased with sitting, walking and prolonged standing. Pain is rated 5/10 with medication and 10/10 without. Provider notes that patient has pain relief for 4-5 hours and is able to perform some activity of daily living. Documented physical exam was reviewed. Imaging and EMG/NCV reports were consistent with diagnosis. The treatment plan that was requested for authorization included prescriptions for Methadone and Norco. Urine drug screen dated 2/17/15 was appropriate.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Methadone 10mg #30:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Methadone Page(s): 61-62.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Methadone Page(s): 61-62.

**Decision rationale:** Methadone is a long acting opioid. As per MTUS guidelines, methadone is a second line treatment for pain. There are significant risks in methadone treatment that must be weighed against benefit. Patient has chronically been on opioids and provider has documented a slow and difficult attempts at weaning. The provider is primary working on weaning patient from short acting norco. Patient has some documentation of improvement in pain and function with current methadone therapy. There is appropriate monitoring documented. While methadone should also be weaned, working primarily on short acting opioids should take precedence before attempting to wean methadone. Continued methadone therapy while weaning off norco is medically necessary.

**Norco 10/325mg #145:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 78-80.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 76-79.

**Decision rationale:** Norco is acetaminophen and hydrocodone, an opioid. As per MTUS Chronic pain guidelines, documentation requires appropriate documentation of analgesia, activity of daily living, adverse events and aberrant behavior. Patient has appropriate assessment of pain relief and some objective improvement in function with current opioid therapy. There is appropriate monitoring for abuse and side effects. Provider has documented that patient tends to run out of Norco before the end of the month and the provider is attempting to wean patient off the medication. While continued weaning off norco is appropriate, the number of tablets of requested is the same as prior prescription requested and does not correlate with plan of weaning. Prescription for 145 tablets of norco 10/325 is not medically necessary.