

Case Number:	CM13-0023202		
Date Assigned:	11/01/2013	Date of Injury:	03/21/2000
Decision Date:	01/27/2014	UR Denial Date:	09/04/2013
Priority:	Standard	Application Received:	09/11/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Anesthesiology, is Fellowship trained in Pain Medicine, and is licensed to practice in California. 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 physician 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 patient is a 60-year-old female who reported injury on 03/21/2000 with the mechanism of injury being a repetitive injury. The patient was noted to have a decreased activity level and an increased pain level. The patient was noted to be stable on the current medication regimen and has not changed essential regimen in greater than 6 months. It was noted that the patient's function and activities of daily living were improved optimally on the current doses of the medications. The patient's diagnoses were noted to include carpal tunnel syndrome, shoulder pain, disc disorder, cervical, and spasm of the muscle. The request was made for Lorcet 650 mg #160 and Methylphenidate 20 mg #120.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lorcet 650mg #160: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Page(s): 91.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Section on Opioids Page(s): s 75, 78.

Decision rationale: California MTUS guidelines recommend short-acting opioids such as Lorcet for controlling chronic pain. For ongoing management, there should be documentation of "the 4

A's": analgesia, activities of daily living, adverse side effects and aberrant drug-taking behavior. The clinical documentation submitted for review indicated that the patient had function and activities of daily living that were improved optimally on the current doses of medications. Also, the pain agreement was reviewed, and it was noted that the physician was slowly tapering the Lorcet. The patient was noted to need the prescribed dose for breakthrough pain to allow for basic functioning. It was noted the patient had no side effects. However, clinical documentation submitted for review failed to provide documentation of the patient's analgesia and objective functional improvement with the medication. Given the above, the request for Lorcet 650 mg #160 is not medically necessary.

Methylphenidate 20mg #120: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation <http://www.ncbi.nlm.nih.gov/pubmed/22578232>.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Online Version, Head Chapter, Methylphenidate.

Decision rationale: CA MTUS and ACOEM Guidelines do not address Methylphenidate. Official Disability Guidelines indicate that Methylphenidate is recommended for patients with post-traumatic brain injury. The clinical documentation submitted for review failed to provide evidence that the patient has had a traumatic brain injury. Additionally, it failed to provide the efficacy of the requested medication. Given the above, the request for methylphenidate 20 mg #120 is not medically necessary.