

<b>Case Number:</b>	CM13-0026218		
<b>Date Assigned:</b>	11/22/2013	<b>Date of Injury:</b>	12/10/1990
<b>Decision Date:</b>	08/29/2014	<b>UR Denial Date:</b>	09/04/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/18/2013

### 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. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation, has a subspecialty in Neuromuscular Medicine and is licensed to practice in Maryland. 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/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 56 year old male with a work injury dated 12/10/90. The diagnoses include cervical radiculopathy, lateral epicondylitis, carpal tunnel syndrome on the right with degloving injury; shoulder Pain. Under consideration is a request for Oxycontin 80mg 2 po BID #180 and Methadone 10mg 1 po TID #90. There is a primary treating physician report dated 9/7/13 that states that the patient remains unchanged from the last visit. He denies other symptoms besides pain. He has no new problems or side effects. His quality of sleep is poor. He is not trying any other therapies for pain relief. He denies any new injury since the last visit. Since the last visit his quality of life and activity have remained the same. He is taking his medications as prescribed and states that the medications are working well. There are no side effects reported. The medications include Lyrica, methadone, Nortriptyline, Oxycontin, Zanaflex, and Lexapro. On physical exam the patient ambulates without a device. The gait of the patient is normal. The cervical spine shows no lordosis, asymmetry or abnormal curvature. The cervical range of motion is restricted. Spurling maneuver causes pain in the muscles symmetrically with no radicular symptoms. All upper limb reflexes are equal and symmetric. The right shoulder joint reveals no swelling, deformity, joint asymmetry. There is decreased right shoulder range of motion. There is tenderness on palpation and a positive Neer and Hawkin sign. There is tenderness to palpation is noted over the medial epicondyle. The higher functions are grossly normal. Cardiac exam reveals normal sinus rhythm. The patient does not seem sedated. The urine toxicology is appropriately for the prescribed medications. The document states that the patient is stable. Function and activities of daily living improved optimally on current dose, of medications. Pain agreement briefly reviewed with the patient. The treatment plan included a refill of Oxycontin and Methadone.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**OXYCONTIN 80MG 2 PO BID #180:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines OPIOIDS Page(s): 91-93.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use Page(s): 76-80.

**Decision rationale:** Oxycontin 80mg 2 po BID #180 is not medically necessary per the MTUS Chronic Pain Medical Treatment Guidelines. The documentation submitted is not clear on patient's ongoing review and documentation of pain relief, functional status and on-going medication management or treatment plan. This would include appropriate medication use, and side effects. Pain assessment should include: current pain; the least reported pain over the period since last assessment; average pain; intensity of pain after taking the opioid; how long it takes for pain relief; and how long pain relief lasts. There is no indication that the medication has improved patient's pain or functioning to a significant degree therefore continuing this medication is not appropriate. The MTUS guidelines state to discontinue opioids if there is no overall improvement in function and pain. The request for Oxycontin 80mg 2 po BID #180 therefore is not medically necessary.

**METHADONE 10MG 1 PO TID #90:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines OPIOIDS Page(s): 91-93.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use Page(s): 76-80.

**Decision rationale:** Methadone 10mg 1 po TID #90 is not medically necessary per the MTUS Chronic Pain Medical Treatment Guidelines. The documentation submitted is not clear on patient's ongoing review and documentation of pain relief, functional status and on-going medication management or treatment plan. This would include appropriate medication use, and side effects. Pain assessment should include: current pain; the least reported pain over the period since last assessment; average pain; intensity of pain after taking the opioid; how long it takes for pain relief; and how long pain relief lasts. There is no indication that the medication has improved patient's pain or functioning to a significant degree therefore continuing this medication is not appropriate. The MTUS guidelines state to discontinue opioids if there is no overall improvement in function and pain. The request for Methadone 10mg 1 po TID #90 is not medically necessary.

