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| Case Number: | CM13-0039610 | | |
| Date Assigned: | 12/20/2013 | Date of Injury: | 05/27/2003 |
| Decision Date: | 03/05/2014 | UR Denial Date: | 09/23/2013 |
| Priority: | Standard | Application Received: | 10/07/2013 |

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 Physical Medicine & Rehabilitation, has a subspecialty in Interventional Spine 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 52 year old female with a date of injury of 05/27/2003. The listed diagnoses per [REDACTED] dated 09/13/2013 are: 1. CRPS I, right upper extremity 2. Right shoulder pain, s/p arthroscopic/RCR 3. Poor sleep hygiene 4. Cervicalgia with right sided radiculopathy 5. Cervicalgai with symptoms of cervical spondylosis and cervico genic headaches 6. Myofascial pain/spasm 7. s/p SCS implant According to report dated 09/13/2013 by [REDACTED], patient presents with increase of cervical spine and right shoulder pain. Patient notes frustration as she is having a hard time getting the recommended treatments and medications. She notes increase in pain due to workers comp decreasing all her medication by 50%. The report goes on to document patient's average pain since last visit as 9/10, mood since last visit 8/10 and functional level since last visit 9/10. Patient's current medications are Baclofen, Celebrex, Cymbalta, Lidoderm patch, Lyrica, methadone, Percocet, and Relpax.

IMR ISSUES, DECISIONS AND RATIONALES

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

Methadone 10 mg #90: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 88-89.

Decision rationale: Methadone 10 mg #90

Percocet 10/325 mg #150: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 88-89.

Decision rationale: The Physician Reviewer's decision rationale: This patient presents with an increase of cervical spine and right shoulder pain. Treater is requesting a refill of Percocet 10/325mg #120 for break through pain. Utilization review dated 09/23/2013 modified certification from #120 to #75 for "tapering". For chronic opiates use MTUS guidelines (MTUS pgs 88, 89) require functioning documentation using a numerical scale or a validated instrument at least once every 6 months. Documentation of the four A's (Analgesia, ADL's, Adverse side-effects, Adverse behavior) are required. Furthermore, under outcome measures, it also recommends documentation of current pain; average pain; least pain; time it takes for medication to work; duration of pain relief with medications, etc. Treater at each visit documents patient's average pain, mood, and functional level. He also states at the end of each report "today informed consent is reestablished for medical management and 4As are discussed and met/documentated." However, there are no discussions documented concerning the analgesia, specific ADL's, adverse side effects, or adverse behaviors, which are required by MTUS guidelines. This patient has been taking Percocet concurrently with Methadone since 01/17/2013, possibly earlier as this is the earliest report provided for review. The modified certification by UR dated 09/23/2013 for #75 for tapering was reasonable. Given treater has not truly document the 4As, recommendation is for denial.